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**NORTH WALES MENTAL HOSPITAL  
MANAGEMENT COMMITTEE**



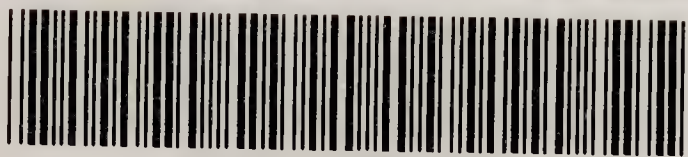
**ANNUAL REPORT.**

FOR THE YEAR

**1957**



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# NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE



## ANNUAL REPORT

FOR THE YEAR

# 1957

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# NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE

## Chairman:

Alderman DAVID TUDOR, M.B.E., J.P., Dilwyn, Trawsfynydd.

## Vice-Chairman:

T. W. JOHNSON, Esq., Wynford, Rhyl Road, Denbigh.

## Members:

Alderman O. R. E. JONES, J.P., Cafnan, Cemaes Bay  
(Chairman of the Works, Engineering and Estate Sub-Committee).

Mrs. ELEANOR OWEN, Tŷ Ucha, Llanelltyd.

Dr. T. GWYNNE WILLIAMS, Carn Ingli, Denbigh.

Alderman JOHN THOMAS, J.P., Cefn, Abersoch.

Councillor the Rev. T. ALUN WILLIAMS, Hyfrydle, Betws Gwerfil Goch  
(who are appointed for the period ending 31st March, 1959).

Alderman D. H. WHITE, J.P., Groeslwyd, Corwen.

Alderman Mrs. ANNE FISHER, M.B.E., J.P., Tyddyn Eilian, Llanberis  
(Chairman of the General Purposes Sub-Committee).

D. L. THOMAS, Esq., Bryn Melyn, St. Asaph.

D. H. GRIFFITHS, Esq., Bodlonfa, Park Street, Denbigh  
(Chairman of the Finance Sub-Committee).

Councillor O. M. PRITCHARD, Tŷ Mawr, Valley, Holyhead  
(who are appointed for the period ending 31st March, 1960).

Councillor ERNEST PRICE, J.P., 65 Mold Road, Wrexham.

Dr. A. W. HILL, 36 Chester Road, Wrexham.

Mrs. FRANCIS WILLIAMS, Llys Meirchion, Henllan.

Alderman JOSEPH BROOKES, J.P., Tirionfa, Rhuddlan  
(who are appointed for the period ending 31st March, 1961).

## Secretary:

SIDNEY L. FROST, F.H.A.

## Finance Officer and Deputy Secretary:

D. BASIL EVANS.

## Supplies Officer:

ALFRED H. LUCAS, F.H.A., A.R.S.H.

## Superintendent Engineer and Clerk of Works:

R. GLYN PRITCHARD, M.I.H.E., M.I.E.C.

## HOUSE COMMITTEES

NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL DISORDERS,  
DENBIGH, AND POOL PARK HOSPITAL, NEAR RUTHIN.

T. W. JOHNSON, Esq. (Chairman).  
Alderman Mrs. ANNE FISHER, HENRY PARRY, Esq.  
M.B.E., J.P. D. L. THOMAS, Esq.  
D. H. GRIFFITHS, Esq. Dr. T. GWYNNE WILLIAMS.

OAKWOOD PARK HOSPITAL, NEAR CONWAY.

Alderman DAVID TUDOR, M.B.E., J.P. (Chairman).	
Miss NORA F. CHESTER.	Mrs. H. PRITCHARD.
Mrs. OLWEN DAVIES.	G. T. REES, Esq.
Alderman Mrs. ANNE FISHER,	Mrs. H. M. ROBERTS.
M.B.E., J.P.	Dr. J. H. O. ROBERTS, O.B.E., J.P.
Mrs. G. M. LLOYD JONES.	Miss DOROTHY STOKES.
Dr. M. T. ISLWYN JONES.	Alderman JOHN THOMAS, J.P.
Dr. D. E. PARRY-PRITCHARD.	

BROUGHTON HOSPITAL, NEAR CHESTER.

Councillor ERNEST PRICE, J.P. (Chairman).  
Mrs. D. KENYON. Dr. G. WYN ROBERTS.  
Councillor E. G. ROBERTS, J.P. Miss W. YATES, J.P.

COED DU HALL, RHYDYMWYN.

Mrs. P. R. DAVIES-COOKE.	Dr. M. T. ISLWYN JONES.
Alderman H. HAMPSON, J.P.	Dr. G. WYN ROBERTS.
Mrs. FLORENCE JONES.	Miss W. YATES, J.P.

LLWYN VIEW AND GARTH ANGHARAD, DOLGELLEY.

Alderman DAVID TUDOR, M.B.E., J.P. (Chairman).  
E. J. EVANS, Esq. D. R. MEREDITH, Esq.  
Dr. W. F. GAPPER. Mrs. ELEANOR OWEN.  
Mrs. A. E. HUGHES. Mrs. E. ROBERTS.  
Mrs. M. MAELOR JONES.

# NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL DISORDERS

## MEDICAL STAFF.

### PSYCHIATRY.

#### Consultants:

J. H. O. ROBERTS, O.B.E., M.D. (Lond.), D.P.M., J.P.  
(Medical Superintendent).

GEOFFREY WILLIAMSON, M.B., Ch.B. (Manchester), D.P.M.

T. GWYNNE WILLIAMS, M.D. (Lond.), D.P.M.

ALEXANDER CRAIG, M.B., Ch.B. (Edin.), D.P.M.

#### Senior Hospital Medical Officers:

J. A. URQUHART, M.B., Ch.B. (Glasgow), D.P.M.

D. OWEN LLOYD, M.B., B.S. (Lond.), D.P.M.

G. S. FIDDLER, M.B., Ch.B. (Edin.), D.P.M.

#### Senior Registrar:

P. HUGHES GRIFFITHS, B.Sc., M.B., Ch.B. (Wales).

#### Registrar:

D. M. H. JONES, M.B., B.S. (Durham).

#### Junior Hospital Medical Officers:

O. F. SYDENHAM, B.Sc. (Birmingham), M.B., Ch.B., M.B.B.S. (Lond.).

M. E. S. McKENZIE, L.R.C.P., L.R.C.S., L.R.F.P. & S. (Edin. and Glasgow).

R. ELWY OWEN, M.B., B.S. (Lond.).

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## CONSULTANTS IN OTHER SPECIALITIES.

#### Pathology:

A. CEINWEN EVANS, M.B., Ch.B., B.Sc. (Wales).

#### General Medicine:

GEOFFREY H. T. LLOYD, M.D. (Lond.).

#### Electroencephalography:

ROBERT R. HUGHES, M.D. (Liverpool), M.R.C.P.



**General Surgery:**

D. I. CURRIE, M.B., Ch.B. (Leeds), F.R.C.S. (Eng.).

**Neuro-Surgery:**

A. SUTCLIFFE KERR, M.C., Ch.B. (Liverpool), F.R.C.S. (Eng.).

**Ear, Nose and Throat Surgery:**

R. D. AIYAR, F.R.C.S. (Edin.).

**Ophthalmology:**

ELEANOR M. P. BROCK, M.B., Ch.B. (Liverpool), D.O.M.S.

**Anaesthetics:**

NANCY I. FAUX, M.B., B.S. (Lond.), D.A.

**Radiology:**

I. PIERCE-WILLIAMS, M.B., Ch.B. (Liverpool), M.Rad., D.M.R.D.

**Dental Surgeon:**

CHARLES HUBBARD, L.D.S.

**OTHER STAFF.****Matron:**

ELEANOR G. GRIFFITH, S.R.N., R.M.N., R.M.P.A.(D.), S.T.D.

**Chief Male Nurse:**

S. G. BADLAND, S.R.N., R.M.N., R.N.M.D.

**Psychologist:**

AVIS M. DRY, M.A. (N.Z.), Ph.D. (Leeds).

**Psychiatric Social Workers:**

KATHLEEN M. JONES, B.A. (Wales).

PAULINE M. HAMMOND.

JEAN M. B. SMEDLEY, B.A. (Wales).

EILEEN CLARKE.

**Social Workers:**

CARYS M. LLEWELYN EVANS.

NEST IDWAL JONES, B.A. (Wales).



**Senior Occupational Therapist:**

G. R. WILSON, R.M.P.A., M.A.O.T.

**Chief Pharmacist:**

T. LLOYD JONES, M.P.S.

**Chaplains:**

Rev. H. DAVIES, B.A., Church in Wales.

Rev. J. H. GRIFFITH, M.A., Nonconformist.

Father JOSEPH WEDLAKE, Roman Catholic.

**(Pool Park):**

Rev. HENRY W. JONES, Church in Wales.

Rev. GWILYM I. DAVIES, Nonconformist.

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**OAKWOOD PARK HOSPITAL.**

**Secretary-Superintendent:**

S. NEWBOULD, A.H.A., D.P.A.

**Medical Officer:**

H. R. G. DAVIES, M.B., Ch.B., D.P.H.

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**BROUGHTON HOSPITAL.**

**Matron-Superintendent:**

ANN E. FLETCHER, S.R.N., R.M.P.A.

**Medical Officer:**

G. C. BOUGH, M.R.C.S., L.R.C.P.

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**COED DU HALL.**

**Matron-Superintendent:**

(Mrs.) IRENE TAYLOR, R.M.N.

**Medical Officer:**

K. A. BUTLER, M.B., B.S.

**LLWYN VIEW, DOLGELLEY, and GARTH ANGHARAD, DOLGELLEY.**

**Chief Male Nurse-Superintendent, Garth Angharad:**

T. A. JONES, S.R.N., R.M.P.A.

**Matron-Superintendent, Llwyn View:**

SYDNEY WILLIAMS, S.R.N., R.M.P.A., C.M.B.

**Medical Officer:**

H. D. OWEN, M.B., Ch.B.

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**CONSULTANT TO M.D. INSTITUTIONS:**

T. S. DAVIES, M.R.C.S., L.R.C.P., D.P.M.

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**CHILD GUIDANCE CLINICS.**

Central Offices: BOD DIFYR, CEFN ROAD, OLD COLWYN.

**Consultant Psychiatrist:**

E. SIMMONS, M.D. (Bonn), L.R.C.P. & S. (Edin.), (Medical Director).

**Registrar in Psychiatry:**

J. ALED WILLIAMS, M.B., Ch.B., D.C.H.

**Child Therapist:**

VERONA HUNKIN, B.A., M.A., Dip. Ed.

**Senior Psychologist:**

G. A. V. MORGAN, M.A., Ph.D.

**Psychologist:**

H. W. A. KARLE, B.A.

**Senior Psychiatric Social Worker:**

JEAN M. B. SMEDLEY, B.A.

**Psychiatric Social Workers:**

FRANK J. HARRIS, B.A.

ROSEMARY M. OLIVER, B.A.

MARY K. THOMAS.

**Research Staff:**

URIEN WILLIAM, M.A., Dip. Ed. (Research Fellow).

GWYNETH ROBERTS, LL.B., Dip. Soc. Science (Research Assistant).

# Ninth Annual Report of the North Wales Mental Hospital Management Committee for the Year 1957-58

The Committee have pleasure in presenting their Annual Report for the year 1957-58.

The hospitals entrusted to the Committee's care, providing mental health services, primarily for the North Wales counties, are as follows:—

North Wales Hospital for Nervous and Mental Disorders, Denbigh	1,450 beds
Pool Park, Ruthin ... ..	105 beds
Coed Du Hall, Rhydymwyn ... ..	86 beds
Broughton, Nr. Chester ... ..	70 beds
Llwyn View, Dolgelley ... ..	68 beds
Garth Angharad, Dolgelley ... ..	74 beds
Oakwood Park, Conway ... ..	187 beds

Out-patient clinics are situated at Bangor, Wrexham, Rhyl and Dolgelley, and Denbigh by appointment, and the Committee are responsible also for the Child Guidance Services, with headquarters at Old Colwyn, and clinics are held at Bangor, Blaenau Ffestiniog, Dolgelley, Holyhead, Old Colwyn, Rhyl and Wrexham.

## MANAGEMENT COMMITTEE.

Mr. D. L. Thomas, of St. Asaph, has been appointed to the Committee on the nomination of the Senior Medical Staff in place of Dr. M. T. Islwyn Jones, who, being a County Medical Officer of Health, was not, under the regulations of the Regional Hospital Board, eligible for re-election.

In order to preserve the link between the Hospital Management Committee and the Local Health Authorities, it has been arranged for two of the Medical Officers of Health of the five North Wales County Councils to attend the monthly meetings of the Committee in an advisory capacity and the Committee are indebted to them for much useful advice and assistance, particularly in connection with mental defectives. Dr. D. E. Parry-Pritchard, of Caernarvon, and Dr. M. T. Islwyn Jones, of Denbighshire, have represented the Medical Officers of Health in this way.

The Chairman of the Hospital Management Committee has been elected a member of the Regional Hospital Board.

Regular monthly meetings of the full Committee have been held throughout the year, normally at Denbigh, the June meeting being held at the new Oakwood Park Hospital in accordance with the Committee's practice of holding one of the meetings at a mental deficiency hospital.

The local House Committee have met at the mental deficiency hospitals from time to time as necessary and the Committee again wish to express their thanks to those Committees and to the individual members who take a personal interest in the intimate affairs of the hospitals and of the patients



and staff, bringing into the hospitals that help and good cheer from the neighbourhood that is of incalculable benefit to patients.

In accordance with the requirements of Section 188 of the Lunacy Act, 1890, members of the Hospital Management Committee have made regular visits at the Mental Hospital and members of the House Committees at the mental deficiency hospitals.

### PATIENT STATISTICS.

Details of the patient population at the Mental Hospital are contained in the Medical Superintendent's Annual Report, and the mental deficiency hospitals are dealt with in the report of the Visiting Consultant Psychiatrist to those hospitals.

At the Mental Hospital the numbers show a decrease from 1,523 to 1,468, accounted for largely by the transfer of patients to the new Oakwood Park Hospital for mental defectives. There are still a number of patients at the Mental Hospital who are mental defectives and for whom it is hoped to provide mental deficiency hospital accommodation in the future.

The number of patients on the books of the Mental Hospital at the beginning and the end of the year 1957 are as follows:—

	Male	Female	Total
At 31st December, 1956 ... ..	755	768	1523
At 31st December, 1957 ... ..	725	743	1468

At the mental deficiency hospitals the numbers on the books are as follows:—

	Coed Du	Brough- ton	Llwyn View	Garth Angharad	Oakwood Park	Total
At 31st December, 1956	62	87	68	64	—	281
At 31st December, 1957	65	85	66	63	179	458

### CHILD GUIDANCE SERVICE.

The Child Guidance Service, under the direction of Dr. E. Simmons, the Consultant Child Psychiatrist, continues its work in the five counties, and a detailed report by Dr. Simmons is to be found elsewhere in this report. The School Psychological Service, which was started some time ago following agreement between the Hospital Authorities and the Local and Education Authorities of the area on the manner in which their respective responsibilities might be discharged, is now firmly established. The statistics, in particular the continued rise in attendances, bear evidence of the value attached to the work by the referring agencies and the children and their families. The Regional Hospital Board are again asked to provide for a residential treatment unit.

A three-year Research project, aimed at the development of a fully standardised Intelligence Test for Welsh-speaking children, started on 1st September, 1957. It is proposed to translate and adapt the "Wechsler Intelligence Scale for Children." Mr. U. Wiliam is the Research Fellow and



Miss G. Roberts the Research Assistant. Good progress has been made and the work is described more fully in the report of the Child Psychiatrist. The workers have the ready co-operation of the administrative officers of all Education Authorities and of many teachers in the schools of the area.

### CHARITIES.

The Fund is being administered by Trustees consisting of the Chairman of the Hospital Management Committee and the Chairman of the Finance Sub-Committee with one representative of each of the five North Wales County Councils, and the Group Secretary who, as a serving Trustee appointed by the old Visiting Committee, is a life member. He also acts as Clerk to the Trustees.

Grants have been made to provide clothing, railway fares and other necessities and assistance for patients requiring rehabilitation.

The Ministry of Health have approved of the Hospital Management Committee retaining for playing field purposes land belonging to the Charities, which was previously held by the Committee for agricultural purposes, and the Trustees are proposing, with the sanction of the Charity Commissioners and the Regional Hospital Board, to erect a sports pavilion on the land. This expenditure by the Trustees is intended in the nature of an income producing investment, and the Regional Hospital Board have approved of the payment of an increased rent, the amount to be agreed between the parties concerned with the advice and guidance of the District Valuer.

### FINANCES.

A summary of group expenditure and income during the year 1957-58 is given elsewhere in this report.

The cost of maintaining the hospitals administered by the Committee has again increased during the year ended 31st March, 1958. A Forecast was submitted in October, 1956, for 1957-58, for an anticipated nett expenditure of £583,774. The Board's allocation, however, was, in the first instance, £520,300, which included a sum of £56,000 to be regarded as the minimum expenditure to be incurred on the Maintenance of Buildings, Plant and Grounds (Salaries, Wages and Materials) in pursuance of the Ministry's declared policy of maintaining hospital buildings in good condition. During the year further allocations were made, as follows:—

1. Opening of Oakwood Park ... ..	£37,000
2. Maintenance Repairs—Oakwood Park ... ..	2,000
3. Refurnishing Programme—Denbigh ... ..	5,000
4. Salary Awards ... ..	15,447
5. Price Changes ... ..	5,600
6. Insurance Contributions Increase ... ..	400
	<hr/>
	£65,447
Less Savings and Rates and increased charges for Board ... ..	712
	<hr/>
	£64,735
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making the allocation to date £585,035, an increase of £81,420 over the actual expenditure for 1956-57. It is anticipated that when final accounts are prepared this allocation will be exceeded, due chiefly to a greater expenditure at Oakwood Park, in particular, some heavy maintenance repair items to make provision for the care and training of patients that had not been provided for.

The costs per head per week for 1956-57 were ascertained during the year and comparisons are shown in the following table:—

	Cost per head per week		Regional Average	National Average
	1955-56	1956-57	1956-57	1956-57
<b>Mental Illness:</b>	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Denbigh ... ..	5 9 5	5 15 4	5 19 6	5 17 8
<b>Mental Deficiency:</b>				
Broughton ... ..	3 11 9	3 19 7	5 9 1	5 10 6
Coed Du ... ..	3 10 3	3 19 7		
Llwyn View ... ..	4 0 10	4 8 4		
Garth Angharad ... ..	4 11 4	5 4 4		

It will be observed that the costs of the hospitals in this group are below both the Regional and National Average.

The year 1957-58 has seen the adoption of a revised system of costing, and it is hoped that figures can be produced during the summer which will give more detailed and objective information of where money is being spent. In future years this should give a better standard of comparison and a more accurate basis for estimating.

From 1st July, 1957, monthly returns of expenditure have been submitted to the Finance Sub-Committee enabling them to watch the progress of spending between the various heads and, as in previous years, to ensure that the best use is made of the allocations provided by the Welsh Regional Hospital Board.

### SUPPLIES.

Normal supplies arrangements for day-to-day requirements of provisions, clothing, bedding and linen, etc., have operated smoothly. During the year it was agreed with the other three North Wales Hospital Management Committees to enter into joint contracts for the year from 1st April, 1958, for selected articles of bedding and linen, protective clothing, crockery and glassware, and hardware.

Regarding special expenditure on furniture and equipment, the Committee again received an allocation of money comparable with previous years. It was possible this year to allocate a fair part to ward furnishings—fireside and easy chairs, curtaining, etc., and a very definite improvement in the appearance of many wards can now be observed. Each ward now has its



television set, and almost all requirements of electrically-operated floor maintenance equipment, and vacuum cleaners, have been met. All but six upstairs wards have their cooked food conveyed in an electrically-heated container, and an electric vehicle has been ordered for the conveyance of food to messes away from the main building.

There are still some wards that have leeway to make up—for example, wards where alterations are planned and it has been thought advisable to defer furnishing improvements—and there is still some way to go before the standard all round is reached that the Committee might consider entirely satisfactory, but it would be fair to say that the post-war stage of really acute need is now past.

The mental deficiency hospitals are similarly placed, and there are no outstanding needs of any importance as far as furniture and equipment is concerned. Oakwood Park presented difficulties in its early development stage, when needs could not be defined until patients arrived, but money was forthcoming for those requirements as they became known, and no serious inconvenience arose. A 14-seater coach has been ordered for delivery early in 1958.

### **CAPITAL SCHEMES.**

The installation of new Lancashire Boilers at the Mental Hospital has been completed during the year and the modernisation of the heating is still in progress. Considerable progress has been made with the scheme of improvements to lavatories. The Regional Hospital Board have promised to include in their Capital expenditure programme as soon as possible a scheme to improve the central kitchen at the Mental Hospital, and the Committee feel that considerable expenditure should be incurred to bring the standard of hygiene and cleanliness to a satisfactory level.

In the minor Capital programme, the Committee gave first priority to alterations to the cinema projection room.

### **WORKS.**

The Ministry of Health has again this year asked Hospital Management Committees to pay special attention to the maintenance of the fabric of hospital buildings and accordingly a large amount of work has been undertaken, mainly by direct labour. Work completed during the year includes the following:—

- Installation of hot cupboards and hot water boilers in many of the wards.
- Installation of stainless steel sink units in wards.
- Replacement of old cinema projectors.
- Replacement of two washing machines.
- Renewals of baths and wash-basins.
- Improvement of washing-up arrangements in the male nurses block.
- Complete re-wiring of a number of wards.
- Replacement of old fish fryer in the main kitchen.

Extensive re-flooring of wards, stairways and the male nurses block.

Terrazzo repairs to walls.

Routine repairs and redecorations have been carried out at the Mental Hospital and at the mental deficiency hospitals.

### **FARMING.**

Final decisions were come to by the Ministry of Health regarding the future of the farming operations and, at the date of this report, the farm buildings and most of the land have been sold as being surplus to hospital requirements. Approximately 50 acres of land adjacent to and overlooking the hospital are being let.

The herd of pedigree British Friesian cattle is to be sold by Messrs. Harry Hobson, of London, British Friesian pedigree specialist auctioneers, and the farm and remainder of the stock are being sold by local auctioneers nominated by the Ministry.

Regrettably, Mr. John Evans, for many years farm bailiff, was unable, owing to ill-health, to remain at work to see the completion of the sale preparations, but Mr. Evan Jones, the senior man, kindly returned after Superannuation to manage the farm until the end, for which the Committee are most grateful.

### **OAKWOOD PARK.**

With the completion of the first stage of development of Oakwood Park as a hospital for mental defectives, the 187 available beds were quickly filled and good progress has been made during the year with repairs and adaptations of out-buildings.

Many of the patients admitted are of extremely low grade and the Committee have expressed their admiration for the work done by the new staff. Whilst the Committee appreciate the urgent need for accommodation for low grade patients, the Regional Hospital Board have been asked to establish and maintain a reasonable number of higher grade patients to assist with the others and with the maintenance and care of the fairly extensive estate.

### **STAFF.**

During the year the following have retired on Superannuation:—

Davies, Thomas John (Chief Male Nurse, Denbigh) ... ..	38 years
Roberts, William M. (Superintendent, Garth Angharad) ... ..	21 years
Jones, William (Semi-skilled Engineer, Denbigh) ... ..	26 years
Thomas, William R. (Storeman, Denbigh) ... ..	19 years
Hughes, Blodwen Dewi (Matron, Denbigh) ... ..	16 years
Lloyd, Frederick (Nursing Assistant, Denbigh) ... ..	15½ years
Jones, Evan (Farmhand, Denbigh) ... ..	38 years
Jones, Thomas Gladstone (Deputy Chief Male Nurse, Denbigh)	39 years



All had rendered excellent service, and the Committee have expressed their thanks and appreciation.

To fill the vacancy caused by the retirement of the Matron, Miss Griffith, the Deputy Matron, has been promoted, and the new Chief Male Nurse is Mr. Badland, who came with excellent references from Cane Hill Mental Hospital.

To the position of Superintendent of Garth Angharad Mental Deficiency Hospital Mr. T. A. Jones, Chief Male Nurse, was appointed, and these officers have already proved their worth and given service of a high level.

### **CONCLUSION.**

The Committee again wish to express their appreciation of the excellent services rendered by all members of the staff throughout the Group.

April, 1958.

DAVID TUDOR,  
Chairman.

**NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL  
DISORDERS, DENBIGH.**

## **Medical Superintendent's Annual Report, 1957**

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Medical Superintendent's Report for the North Wales Hospital for Nervous and Mental Disorders at Denbigh.

A year which has seen the retirement of both the Matron and the Chief Male Nurse cannot be without significance in a mental hospital. I would like to place on record my appreciation of the services which Miss Hughes and Mr. Davies have given and of their personal friendship which I have greatly valued. At the same time, I would take this opportunity of welcoming their successors, Miss Griffith and Mr. Badland. Theirs are key positions, for with them rests not only the standard of present care of the patients but the future calibre of the hospital's nursing service. They must be able, not only to administer their departments efficiently, but to do so in such a way as to attract the best type of recruits.

This may be an appropriate occasion for me to refer to the scope of the nursing service in a modern mental hospital, for it is not limited to the care of the sick body or to assisting doctors in their treatment of patients (important though such work may be). The unique task of the mental nurse is the creation of an environment which is conducive to the patient's recovery. Most patients, as a result of their breakdown, suffer a loss of confidence in their capacity as members of society. In fact, it is often such a loss of confidence which has brought about their breakdown. The authoritarian pattern of the old mental hospital, whilst it had manifest organisational advantages, did little to restore self-respect, and often further undermined it. The modern aim is to create a society within the hospital in which patients can practise getting on with people, an art which they will require after leaving hospital. This is no simple task. For example, it is easy to run a ward efficiently, but more difficult to run it efficiently and in such a way that each patient feels that he contributes to that efficiency and is a member of a mutually helpful community.

Nursing of the calibre which draws out the latent social possibilities of patients develops only in a positive and friendly atmosphere and when a good relationship exists between members of the nursing staff themselves. In other words, when morale is high. Morale is an essential in a mental hospital. It is an asset which cannot be computed at audit or created by regulation. It develops when nurses feel that they are doing a good job and have the respect and support of their senior officers, their employers, and the outside world.

### **STATISTICS.**

In reading the following statistics, regard should be had to our main aim, which is to return patients to the community restored, as far as possible, in health and in ability to work or care for the home. Many discharged patients,



of course, require continued help and support if they are not to drift back into hospital, and after-care is an important function of the out-patient clinic and psychiatric social worker service referred to later.

The main statistical features are illustrated by the following three graphs:—

### **Graph I.—Total Population of the Hospital.**

**Curve A** shows that the total population of the hospital fell by 55. The transfer of 24 patients to Mental Deficiency hospitals contributed to the reduction in the number of our patients.

**Curve B** shows that the number of patients under 65 fell by 74. If the 24 transferred mental defectives are deducted, there is still a real reduction of 50 in this age group. This figure gives legitimate grounds for satisfaction, especially as it is in keeping with a trend apparent in previous years. (In assessing this curve, regard must be had to the fact that population of the catchment area increased by 10 per cent. during the intercensal period 1931-51, and is probably still going up).

**Curve C** shows that the number of patients resident over the age of 65 has risen by 21, despite our losing 87 in this age group through death.

### **Graph II.—Admissions and Discharges.**

The number of direct admissions has again risen, but not so steeply as in previous years. It is matched by a proportionately greater increase in the number discharged during the year.

In terms of figures, the admissions were up by 11 and the discharges by 49. The discharges included 24 mental defectives transferred to Oakwood Park and other M.D. hospitals where appropriate accommodation had become available.

The proportion of voluntary admissions was 84.3 per cent. of all admissions.

### **Graph III.—Admissions Classified in Two Main Age Groups.**

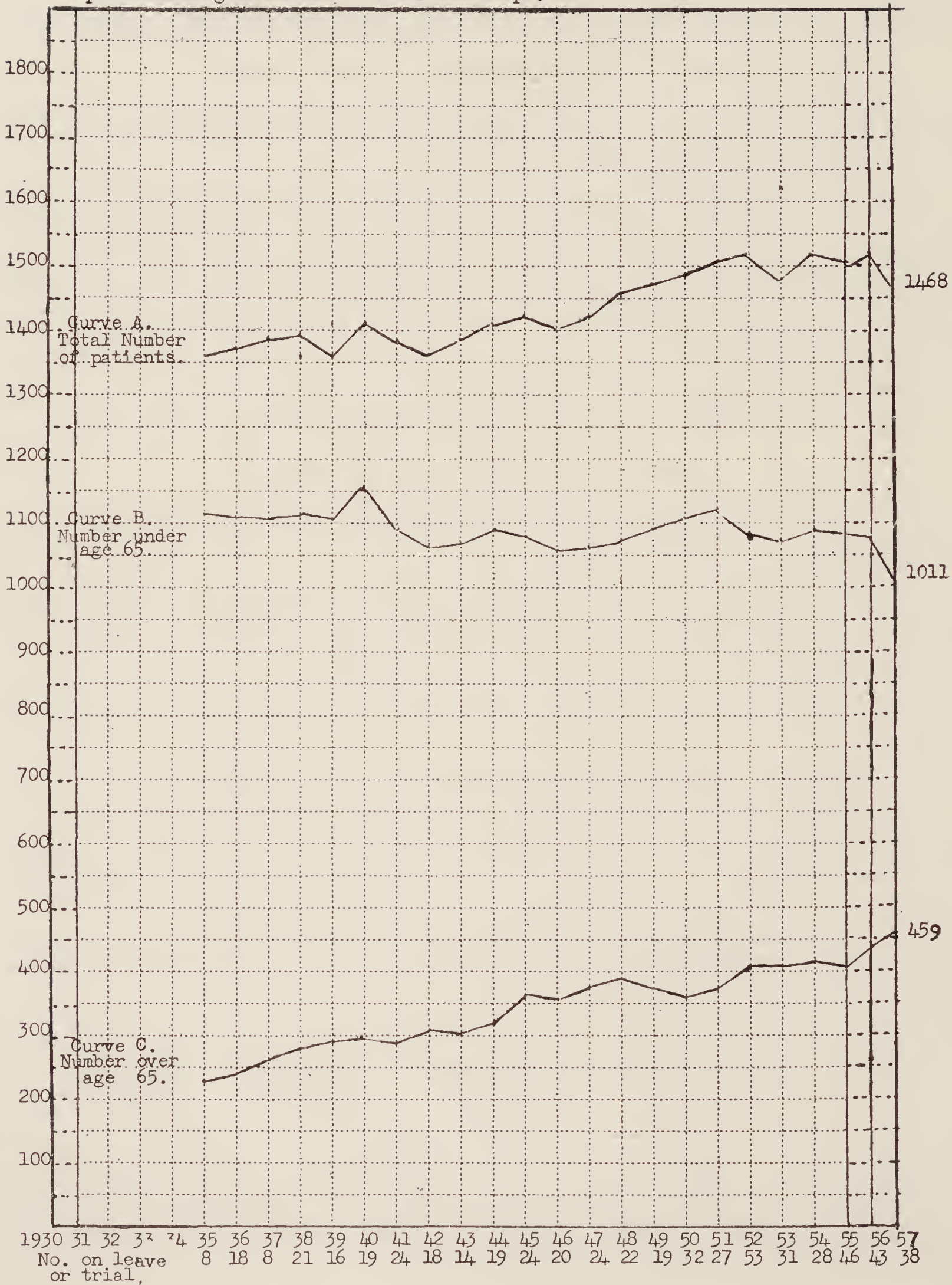
This gives a picture of admission trends in terms of age and sex. It will be noted that the admission rate in the over-65 age group again shows an increase. The steady rise in the number of elderly admitted is at least in part attributable to the greater longevity of the general population.

The following analysis of the figures for those over 65 admitted in 1956 is interesting, especially with regard to the surprisingly high proportion discharged during the year:—

	Number aged over 65 admitted in 1956	Discharged within 1 year of admission	Died within 1 year of admission	Remaining in Hospital at end of year
Female ... ..	115	84	8	23
Male ... ..	72	46	10	16

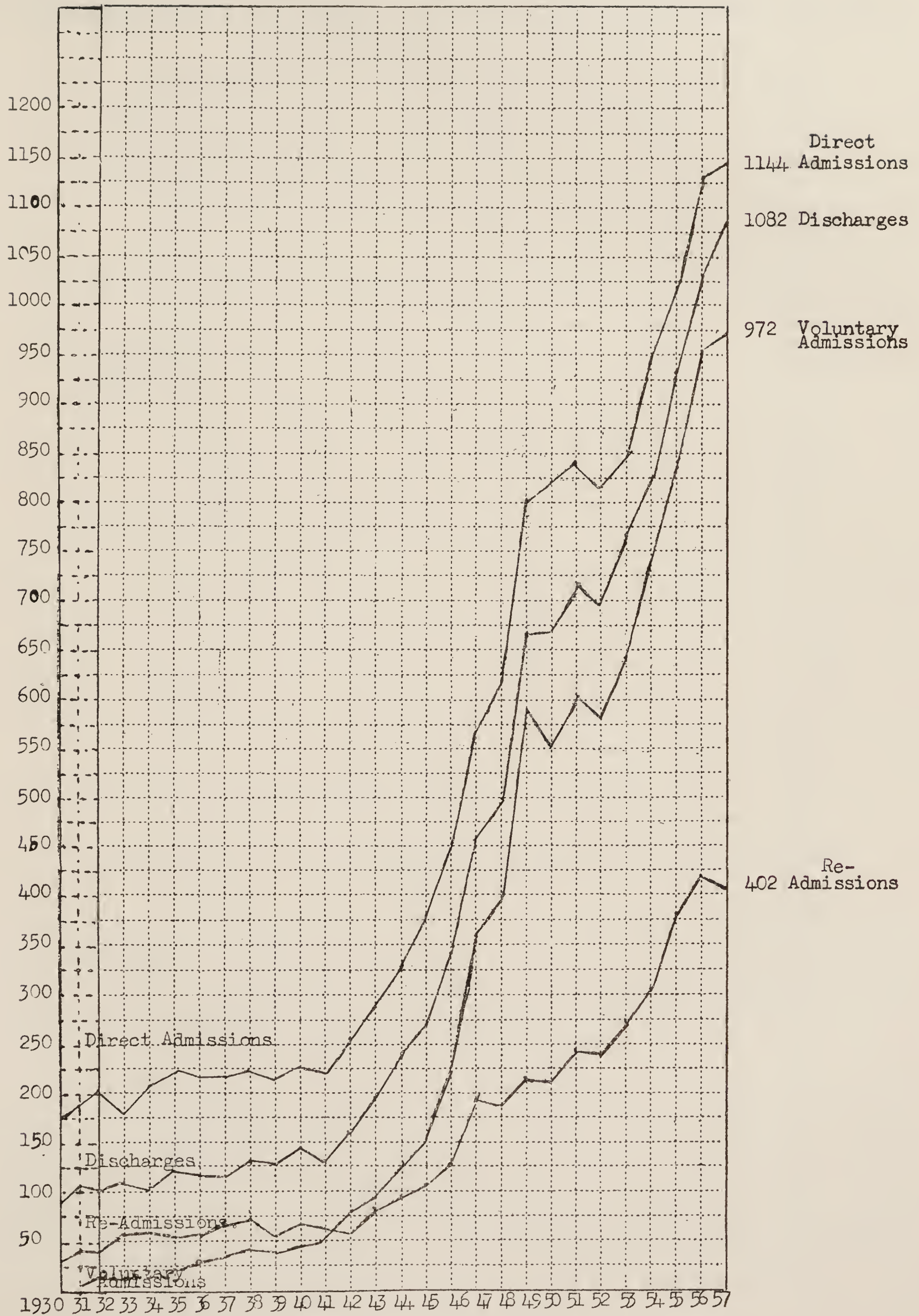
GRAPH I.HOSPITAL POPULATION.

The figures on which this Graph is based refer to the number of patients on our books on 31st December each year but a small number of these patients were out on short leave or trial. The number of such patients is given at the foot of the Graph.



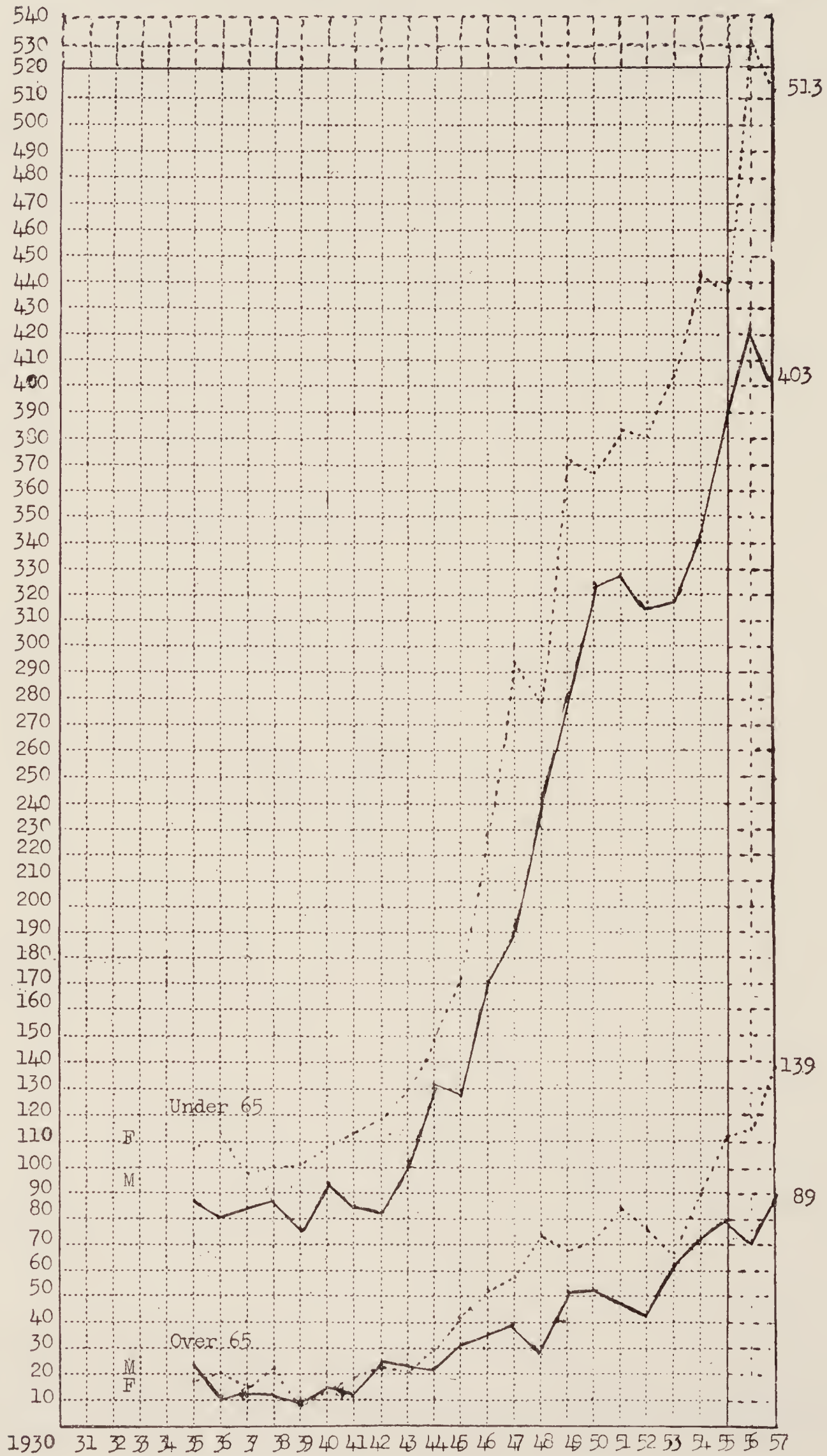


## GRAPH II.

ADMISSIONS AND DISCHARGES.

## GRAPH III.

Direct admissions according to sex and age group over or under 65 years.





## GENERAL STATISTICS OF ADMISSIONS, DISCHARGES, DEATHS AND HOSPITAL POPULATION.

### Admissions.

	Male		Female		Total
Direct Admissions ... ..	492	...	652	...	1144
Indirect admissions from other men- tal hospitals ... ..	5	...	4	...	9
	497	...	656	...	1153

Direct admissions classified according to form of admission:—

	Male		Female		Total
Voluntary ... ..	419	...	553	...	972
Temporary ... ..	2	...	1	...	3
Certified ... ..	71	...	98	...	169
Urgency Order ... ..	—	...	—	...	—
	492	...	652	...	1144

Admissions (direct) classified according to age groups:—

Age Group	Male	Female	Total
Under 20 ... ..	19	17	36
20—40 ... ..	168	196	364
40—60 ... ..	187	258	445
60—80 ... ..	108	160	268
Over 80 ... ..	10	21	31

The number of re-admissions during the year was 402.

### Acceptance of Cases for Observation under Section 20 of the Lunacy Act, 1890.

The above-mentioned Section of the Act empowers a Duly Authorised Officer of a Local Health Authority to remove persons considered to be of unsound mind to a designated hospital. Before the advent of the National Health Service, only parts of certain Public Assistance Hospitals were so designated, and of such there was none in North Wales. In 1949, this Hospital was designated for the purpose of Section 20 of the Act.

Briefly, the use of this procedure means that a person considered to be of unsound mind may be removed to this Hospital and retained for observation for a period not exceeding three days under an Order signed by a Duly Authorised Officer only. This period may be extended for a further 14 days under Section 21A of the Act under a Certificate by the Medical Superintendent of the Hospital. By the expiration of this period, the patient must have been dealt with either by admission into hospital as a voluntary, temporary or certified case, or by discharge.

The following table shows the rate at which the number of Section 20 cases received has grown during the last few years:—

	Male		Female		Total
1952 ... ..	2	...	—	...	2
1953 ... ..	15	...	10	...	25
1954 ... ..	40	...	61	...	101
1955 ... ..	84	...	111	...	195
1956 ... ..	102	...	153	...	255
1957 ... ..	123	...	187	...	310

The following table shows the mode of disposal of those patients admitted under Section 20 during 1957. It will be seen that about 58 per cent. of them elected to remain in the hospital as voluntary patients and it should be stressed that one of the advantages of the procedure is that it reduces the proportion of cases requiring to be certified.

	Male		Female		Total
(1) Admitted to this hospital as					
(a) Voluntary patients... ..	64	...	115	...	179
(b) Temporary patients ... ..	—	...	—	...	—
(c) Certified patients ... ..	30	...	48	...	78
(2) Admitted to other mental hospitals	—	...	—	...	—
(3) Discharged home ... ..	15	...	17	...	32
(4) Otherwise disposed of... ..	6	...	3	...	9
(5) Died ... ..	8	...	4	...	12

As mentioned last year, one result of the greater use now made of Section 20 has been a heavy increase in the burden thrown on Local Magistrates and on the Department of the Medical Officer of Health for Denbighshire in respect of the certification of that proportion requiring this procedure. Whereas previously such cases would have been certified in their home locality, they now come to be certified in this hospital by Local Magistrates. I would, therefore, again express my appreciation of the services given by the Magistrates of the Denbigh, Isaled and Ruthin Benches, and of the good offices of Mr. Bufton, the Clerk of the Denbighshire County Council; Dr. Islwyn Jones, County Medical Officer of Health; and Mr. Romney, one of the County's Duly Authorised Officers.

The counties of origin of the 78 cases requiring to be certified were as follows:—

Anglesey	Caernarvon	Denbigh	Flint	Merioneth	Out Counties
13	9	23	30	2	1

### Discharges.

	Male		Female		Total
Recovered ... ..	164	...	285	...	449
Relieved ... ..	254	...	294	...	548
Not improved ... ..	51	...	34	...	85
	469	...	613	...	1082

	Male		Female		Total
Transfers to other mental hospitals	2	...	3	...	5

Discharge rate on direct admissions: 94.6%.



**Deaths.**

	Male		Female		Total
Under 65 ... ..	23	...	16	...	39
65 and over ... ..	35	...	52	...	87
	58	...	68	...	126

The death rate was 8.5 per cent. of the average number resident.

Post-mortem examinations were conducted in 68 per cent. of the cases.

H.M. Coroner for West Denbighshire held inquests into the cause of death of six patients. In no instance was any criticism made by H.M. Coroner touching our care of the cases enquired into.

**Hospital Population.**

	Male		Female		Total
Number of patients on Hospital Registers on 31st December, 1956	755	...	768	...	1523
Number remaining on 31st December, 1957:—					
Voluntary ... ..	178	...	155	...	333
Temporary ... ..	1	...	—	...	1
Certified ... ..	546	...	588	...	1134
	725	...	743	...	1468

Fifty-one patients are classified as Ministry of Pensions Service cases.

**ACCOMMODATION OF THE HOSPITAL.**

	Sleeping		Day	
	Male	Female	Male	Female
Statutory Accommodation... ..	639	602	567	609
Number of patients on register on night of 31/12/57 ... ..	725	743	725	743
Deficiency of Accommodation ... ..	86	141	158	134
Percentage overcrowding ... ..	13%	23%	28%	22%

**Note.**—The statutory accommodation is the accommodation of the hospital calculated in accordance with rules laid down by the Ministry of Health.

**THE GENERAL HEALTH OF THE HOSPITAL.**

The health of the patients generally has been satisfactory.

**Pulmonary Tuberculosis.**

During the year, one patient died from pulmonary tuberculosis compared with two in 1956 and an average of 7.3 during the years 1934 to 1939.

**B.C.G. Vaccination.**

All nurses are Mantoux-tested on joining and, as a result, five required B.C.G. vaccination during 1957.

**NURSING STAFF.****Table I.**

	31/12/51			31/12/53			31/12/55			31/12/56			31/12/57	
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.
Qualified Mental Nurses ...	71	13	...	75	17	...	70	19	...	68	20	...	65	19
Qualified Mental Nurses also														
S.R.N. ...	10	3	...	7	4	...	6	4	...	10	4	...	10	4
Student Nurses ...	15	36	...	9	24	...	11	13	...	14	22	...	24	17
Nursing Assistants ...	32	27	...	37	34	...	37	40	...	38	35	...	34	33
Part-time Nurses (in terms of whole-time):														
Qualifield ...	—	27	...	—	28	...	—	45	...	—	48	...	—	7
Assistant ...													—	57
	128	106	...	128	107	...	124	121	...	130	129	...	133	137
Nursing Cadets ...	—	—	...	—	—	...	—	—	...	—	—	...	2	2
Ward Orderlies ...	1	7	...	8	10	...	8	17	...	10	18	...	11	14

**Table II.—Strength of Trained Female Staff.**

	Whole-time	Part-time
December, 1944 ...	33	—
" 1945 ...	27	—
" 1946 ...	23	—
" 1947 ...	27	—
" 1948 ...	24	—
" 1949 ...	20	—
" 1950 ...	16	3
" 1951 ...	16	2
" 1952 ...	16	6
" 1953 ...	21	6
" 1954 ...	21	8
" 1955 ...	23	8
" 1956 ...	24	9
" 1957 ...	23	13

**Table III.—Annual Intake of Student Nurses.**

	Female	Male
1946 ...	25	6
1947 ...	40	5
1948 ...	32	5
1949 ...	32	5
1950 ...	14	2
1951 ...	17	2
1952 ...	16	5
1953 ...	17	10
1954 ...	6	8
1955 ...	6	6
1956 ...	14	8
1957 ...	6	15

The above tables show that there has been some increase in the overall numerical strength of the nursing staff during the year.

The student nurse intake has risen on the male side but fallen on the female side.

The number of trained female staff is again up; a proportion, however, is part-time and, therefore, not normally in a position to take charge of wards. For this reason, a number of deputy sister posts remain unfilled.

### TREATMENT OF MENTAL ILLNESS.

The treatment of mental illness divides itself into the following categories:—

- 1—Measures directed to improving the patient's general health.
- 2—Measures directed to re-educating the patient. These include advice, psychotherapy, occupational therapy and, upon discharge, help in rehabilitation.
- 3—Special methods of treatment, of which the following are most important in use at this hospital:—
  - (i) **Electric Convulsive Therapy:** This is applied by passing an electric current through the brain.
  - (ii) **Insulin:** In this treatment, shock is produced by the administration of insulin in high doses. A modified technique utilising lower doses also proves beneficial.
  - (iii) **Prefrontal Leucotomy:** This is a surgical procedure whereby nerve fibres passing from the frontal lobes to other parts of the brain are divided.
  - (iv) **Tranquilliser Therapy:** The so-called tranquilliser drugs have received considerable publicity of late. Although unpredictable in their likely results in individual cases, they greatly benefit many patients and sometimes produce dramatic results. They are especially valuable in schizophrenic and disturbed senile states. While we have tried out most of the tranquillising drugs available, so far Largactil (Chlorpromazine) has proved the most useful for our particular patients.

The following table shows the number treated by various physical methods during 1957:—

	Male	Female	Total
Electric Convulsive Therapy ... ..	160	424	584
Modified E.C.T. ... ..	153	342	495
Deep Insulin ... ..	11	3	14
Modified Insulin ... ..	61	42	103
Abreaction Techniques ... ..	10	—	10
Prefrontal Leucotomy ... ..	10	6	16
Narco-Analysis ... ..	40	2	42
Tranquilliser Therapy (Largactil) ... ..	250	496	746



### Leucotomy Cases.

The following is an analysis of the results in all cases operated upon between April, 1942, and December, 1957:—

	Male	Female	Total
Total Number of Cases ... ..	149*	124*	273
Discharged "Recovered" or "Relieved" ... ..	71	60	131
Improved in hospital ... ..	41	33	74
Unchanged ... ..	31	22	53
Died as a result of operation ... ..	5	7	12
Discharged but since relapsed ... ..	16	6	22

\* Includes 4 cases who have been operated on more than once.

**Commentary:** As leucotomy is only performed on cases which have not responded to other forms of treatment, and in which the outlook without operation is regarded as hopeless, the results shown in the above table are regarded as satisfactory.

### Surgical Operations.

The operation of leucotomy is performed by Mr. Sutcliffe Kerr in the Hospital Theatre, and 16 operations were carried out during 1957.

Most major general surgical operations are now performed at neighbouring general hospitals, straightforward cases returning to this hospital on the same day.

### Consultants' Visits in Specialties other than Psychiatry.

Specialty	Consultant's Name	Frequency of Attendance	No. of Patients seen in 1957
General Medicine ... ..	Dr. G. H. T. Lloyd ... ..	Weekly	191
Tuberculosis ... ..	Dr. J. F. Durrans ... ..	As required	136
General Surgery ... ..	Mr. D. I. Currie ... ..	As required	64
Ophthalmology ... ..	Mrs. E. M. Brock... ..	Monthly	92
Ear, Nose and Throat Surgery ... ..	Mr. R. D. Aiyar ... ..	Monthly	19
Neurosurgery ... ..	Mr. A. Sutcliffe Kerr ...	As required	70

### Dental Department.

Since May, 1957, Mr. Charles Hubbard has given two sessions per week instead of one. All patients requiring treatment are seen as soon as possible after admission and their teeth put in order.

During the year 1957, 1,144 patients were examined. Extractions were carried out in 321 cases; 72 patients had teeth filled; 24 were provided with dentures; and 39 had their dentures repaired.

### **Occupational Therapy.**

Occupational Therapy is carried out principally at six centres, of which four are used by acute cases, two being located at Gwynfryn while two are attached to the reception wards in the main building. The remaining two centres are for the occupation of chronic cases on each side of the hospital. That on the male side contains a printing department and a work shop, equipped with metal and wood turning lathes and other modern machinery. There is also apparatus for brush and coir mat making. It will be recalled that the centre for female long-stay cases was transferred last year to the old isolation bungalow.

## **SPECIAL METHODS OF INVESTIGATION.**

### **Pathological Laboratory.**

The units of work done during the year 1957 amounted to 5,598.

### **X-Ray Department.**

During 1957 the following examinations were made:—

	Patients			Staff			Total
	Male	...	Female	Male	...	Female	
Chest ... ..	264	...	190	86	...	136	676
Skeleton ... ..	127	...	194	5	...	1	327
	391	...	384	91	...	137	1003

All radiographs are seen and reported on by Dr. Pierce-Williams, Consultant Radiologist to the hospital.

### **Department of Psychology.**

Dr. Dry reports as follows: "The core function of a psychologist in the mental hospital setting is to provide estimations of the patient's intelligence, psychiatric disturbance and personality structure through the use of standard tests with interview.

"During the twelve months 1st December, 1956, to 30th November, 1957, 135 patients were seen in the hospital itself. Ninety-one patients, or roughly two in three, were given intensive personality and/or diagnostic tests in addition to an intelligence test; the remaining 44 required assessment of intelligence only. The aim in the hospital work is to keep the routine assessments at a minimum and to give more time to cases where some fresh light



may be thrown on a problem. A small amount of work with out-patients (8 cases in all) follows much the same pattern. In addition to the clinical testing, intelligence tests are given to candidates for student nursing. Most of these candidates, unlike disturbed patients, can be tested in groups, and during 1957 twenty-three were assessed in that way.

"Outside the hospital, 46 patients in the Mental Deficiency Institutions have been given intelligence tests.

"The work outlined will, of course, remain an essential responsibility, and indeed, with the recent expansion of medical staff, referral numbers have tended to rise, so that consideration may need to be given to the question of secretarial help in preparing test materials, etc. In addition to maintaining and developing the present service, however, there would seem to be need for work also in other directions. Within the hospital itself, testing experience suggests that the follow-up of selected patients by interview during their hospital stay would be very worthwhile; and it is a weakness of the present set-up that comparatively little time is available for work on chronic wards. On the other hand, the out-patient clinics, which offer particularly good opportunities for co-operation with the P.S.W. Department, remain virtually untouched. The Mental Deficiency Institutions present specialised problems, in the tackling of which a much closer link is needed between psychiatric, psychological and educational services. Research is desirable into the suitability of various tests (devised in other surroundings) for our own psychiatric and cultural environment, and the informal teaching of psychology could well become a regular commitment. With the support of Dr. G. A. V. Morgan, Senior Psychologist in the Child Guidance Clinic, a beginning has been made with the last two projects.

"I would like to express my warmest thanks to Dr. Morgan for his interest in all aspects of the work and for his readiness to advise in the midst of his own increased commitments."

### **Department of Electro-Encephalography.**

The electro-encephalograph is an instrument for recording the electrical waves generated in the brain and is of assistance in the diagnosis of epilepsy, certain cases of tumour and other disorders of the brain. In 1956, a new 8-channel electro-encephalograph by Ediswan was installed in place of the old instrument which had become obsolete. This year, a wave analyser, also by Ediswan, has been added to the Department's equipment.

The Department deals not only with our own cases but also with cases referred by Physicians and Paediatricians in the general hospitals of the area.

I would once again express my appreciation of the kindness of Dr. Robert Hughes, of Liverpool, who visits us periodically to report on the more obscure records and to advise us generally on the work of the Department, and I am also grateful to the Liverpool Regional Hospital Board who have placed at our disposal the services of their Chief E.E.G. Technician, Mr. Banks, who visits us every fortnight.



During 1957, the Department dealt with the following cases:—

	First Attendance	Repeat	Total
In-Patients at North Wales Hospital ... ..	181	152	333
From Psychiatric O.P. Clinics ... ..	61	15	76
„ N.W. Child Guidance Clincs ... ..	2	—	2
„ Paediatric Consultants ... ..	61	36	97
„ Consultant Physicians ... ..	251	39	290
Total ... ..	556	242	798

## SOCIAL LIFE OF THE PATIENTS.

### Religious Services.

Services at the Hospital Chapel are conducted alternately in Welsh and English by the Church of England and Nonconformist Chaplains. They are held at 9 a.m. and 2.45 p.m. on Sundays and at 9 a.m. on Wednesdays and Fridays. A prayer meeting is also held on Sunday evenings in which patients take part.

The Roman Catholic Chaplain holds a service every Thursday evening and Mass is said on the second Friday of each month. He attends whenever needed to minister to the seriously ill.

### Employment of Patients.

Patients not employed in the Occupational Therapy Department are encouraged to take part in the ordinary necessary work of the hospital. This not only helps their mental condition but gives them the sense of being useful members of the community.

Work in the grounds of the hospital is ideally suited to the patients and offers a variety of tasks. This year, they have re-laid as a crown green the bowling green at the front of the hospital, and levelled a new football and cricket pitch on the banks of the River Ystrad. They are now occupied in laying out the grounds surrounding Brynhyfryd.

### The Canteen.

The Hospital Canteen continues to provide a very satisfactory service and patients who have not the privilege of Town Parole are there able to purchase such items as fruit, sweets, tobacco, etc.

Goods are paid for either in the normal currency of the realm or in the form of tokens of varying value.

Patients who have no income from other sources are allowed up to 7/6 per week pocket money, the actual amount varying according to their capacity to appreciate spending it. Patients incapable of doing their own shopping are provided with free issues of tobacco or sweets. Pocket money is issued in the form of cash when the recipient is considered capable of taking care of it, but in tokens when this is not the case.

### **Patients' Library.**

The hospital library service is operated by the Red Cross Society, whose librarians visit all wards weekly and give an excellent service.

### **Trolley Service.**

The Denbigh W.V.S. run a weekly trolley service at the Reception Hospital, which meets the wants of the patients still confined to bed.

### **Hairdressing Saloon.**

There is a Ladies Hairdressing Saloon, which provides permanent waves and sets and is staffed by two hairdressers. So far, we have been unable to provide a hairdressing saloon for the men, but a full-time barber attends to patients in the wards.

### **Recreation.**

All wards are now provided with television and wireless.

Staff Nurse J. R. Roberts has been seconded to take charge of patients' social and recreational activities. Physical training classes have been introduced, and football, cricket and other sports stepped up.

Every Wednesday there is a patients' dance in the main hall and every Monday evening a cinema show. During the winter months, whist drives, social evenings and billiard tournaments are held. Twelve concerts were presented during the year, including four by the Council for Music in Hospitals.

In the summer patients are taken to the seaside and to such local events as Sheepdog Trials and Flower Shows. I would record my appreciation of the kindness of the Denbigh Football Club in allowing our patients to attend all home matches free of charge.

We are again indebted to the W.V.S. In addition to the trolley service mentioned above, they run a weekly social for convalescing short-stay patients, and a Darby and Joan Club for the more elderly. Both ventures are a great success.

## OUT-PATIENT SERVICES.

### (1) Out-Patient Clinics.

These clinics, held at General Hospitals, provide facilities for the diagnosis and treatment of patients who do not require admission to a mental hospital.

Clinics are held at the following centres:—

Bangor ... ..	Caernarvonshire & Anglesey Hospital	Tuesday afternoon (since Nov.). Every Wednesday morning and afternoon.
Dolgelley... ..	General Hospital ... ..	Fourth Tuesday in each month in afternoon.
Rhyl ... ..	Royal Alexandra Hospital ... ..	Every Tuesday morning.
Wrexham ... ..	Maelor General Hospital ... ..	Every Thursday afternoon.
		Every Tuesday afternoon (since Nov.). Every Friday morning and afternoon.
Denbigh... ..	North Wales Hospital ... ..	By appointment.

### Table of Attendances, 1957.

	First Attendance			All other Attendances		
	Male	Female	Total	Male	Female	Total
Bangor ... ..	199	258	457	189	324	513
Dolgelley ... ..	16	24	40	14	22	36
Rhyl ... ..	151	177	328	247	620	867
Wrexham ... ..	222	244	466	441	900	1341
Denbigh ... ..	26	25	51	63	92	155
Total ... ..	614	728	1342	954	1958	2912

The following are the figures of total attendances at all adult clinics during the past 14 years:—

1944 ... ..	304	1951 ... ..	2295
1945 ... ..	461	1952 ... ..	2878
1946 ... ..	576	1953 ... ..	2815
1947 ... ..	830	1954 ... ..	3630
1948 ... ..	1167	1955 ... ..	3990
1949 ... ..	1224	1956 ... ..	4150
1950 ... ..	1778	1957 ... ..	4263

### (2) Domiciliary Visits.

These are visits made at the request of general practitioners for a consultation in the patient's own home. The usual reason for the request is that the patient is too ill to attend at a clinic. The number of such visits made in 1957 was:—

Male: 52 ... Female: 79 ... Total: 131



### (3) Visits to Patients in Hospitals in other Management Committee Groups.

Specialists on the staff at Denbigh may be required to attend at any hospital in the following Groups:—

Group 12 (Caernarvon and Anglesey).  
Group 13 (Clwyd and Deeside).  
Group 14 (Wrexham).

The number of patients visited during the year in hospitals in these Groups amounted to:—

Male: 35	...	Female: 56	...	Total: 91
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### (4) Examination of cases referred by the Courts under the provision of the Criminal Justice Act, 1948.

During 1957, these numbered as follows:—

Male: 10	...	Female: 2	...	Total: 12
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### (5) Psychiatric Social Work Department.

Mrs. Iolo Jones reports as follows: "The two great functions of this Department are the obtaining of the necessary information about the background of a patient's breakdown and the affording of such guidance and assistance as may enable a patient to remain out of hospital.

**"Staff:** At the commencement of the year the staff consisted of two Psychiatric Social Workers, Mrs. Iolo Jones and Miss Hammond, and one Social Worker, Miss Carys M. Llewelyn Evans. In April, Miss J. M. B. Smedley, B.A. (Psychiatric Social Worker), was appointed, but left in October to transfer to the Child Guidance Department as their Senior Psychiatric Social Worker. In September, Miss Hammond left to take the Advanced Course at the Tavistock Clinic, but will return in August, 1958. In the same month, Miss Eileen Clarke (Psychiatric Social Worker) and Miss Nest Idwal Jones, B.A. (Social Worker), were appointed.

**Note.**—A Psychiatric Social Worker is one who holds both a Social Science qualification and a Certificate in Psychiatric Social Work, i.e., a fully-qualified member of the staff.

A Social Worker has the Social Science qualifications only. Usually Social Workers go on to take the Course in Psychiatric Social Work at an appropriate University after preliminary training in the field.

**"Rehabilitation and Employment:** The monthly Conferences between the Group D.R.O.s of the Ministry of Labour and members of the Department have continued through the year and have proved of the utmost value in the work of placement and rehabilitation of ex-patients. Mrs. Iolo Jones serves on the Disablement Advisory Committee at Wrexham.

**"Students:** Psychiatric Social Work students—Manchester University, 4 students; Liverpool University, 1 student. Social Science students—London School of Economics, 3 students; University College of Wales, Swansea, 4

students; University College of Wales, Cardiff, 1 student. These students come to the Department for periods of practical experience ranging from three months to a fortnight."

The services rendered by the Department are indicated as follows:—

HV—Home Visit.

OV—Other visit.

I—Interview in hospital or out-patient clinic.

These services are classified under two headings, according to whether they are the responsibility of the Board (Class I.) or the Local Health Authority (Class II.). In respect of Class II. Service, the Management Committee receives payment from the Local Authority concerned.

**Class I.:** This Class includes patients who are in hospital or attending an out-patient clinic for treatment or, in the case of certified patients only, are at home "on trial."

**Class II.:** This Class, broadly speaking, is in receipt of "after-care." It includes all patients who have been discharged from hospital and, in the case of certified patients, also from certificate. It also includes out-patients who are no longer attending a clinic for treatment, and also a small number of "pre-care" cases, being patients referred from outside social agencies direct to the Department.

#### Class I.

County	In-patients			Out-patients			Total
	HV.	OV.	I.	HV.	OV.	I.	
Anglesey ... ..	25	5	7	27	3	1	68
Caernarvon ... ..	109	28	46	110	23	9	325
Denbigh ... ..	116	35	105	78	13	7	354
Flint ... ..	93	17	41	162	21	113	447
Merioneth... ..	13	9	17	23	8	10	80
Other Counties ... ..	—	—	—	—	—	—	—
Total ...							1274

#### Class II.

County	In-patients			Out-patients			Pre-care			Total
	HV.	OV.	I.	HV.	OV.	I.	HV.	OV.	I.	
Anglesey ... ..	33	9	1	17	—	1	20	3	—	84
Caernarvon ... ..	178	43	7	85	9	5	12	6	7	352
Denbigh ... ..	132	55	12	61	14	6	15	2	4	301
Flint ... ..	102	22	33	42	9	2	24	1	1	236
Merioneth ... ..	29	15	12	13	1	1	9	3	—	83
Other Counties ...	1	—	4	—	—	—	—	—	—	5
Total ...										1061

Grand Total Class I. and Class II.: 2335.

### **MEDICAL STAFF CHANGES.**

For some time it has been apparent that the growing demands on the psychiatric service in North Wales could only be met by strengthening the senior medical establishment, and this year the Board were able to make an additional consultant appointment. We were very pleased to welcome Dr. Alexander Craig, who joined the staff of the hospital in October as Consultant Psychiatrist, and hope that he will be very happy here.

The departure of Dr. John Millar in November left a vacancy in the S.H.M.O. establishment which was made good by the promotion of Dr. G. S. Fiddler. His previous post as Senior Registrar was filled by the promotion of Dr. P. Hughes Griffiths, whilst the latter's post of Registrar was, in turn, filled by the appointment of Dr. D. M. H. Jones. The Hospital Management Committee also appointed Dr. M. E. S. McKenzie as J.H.M.O.

### **CONCLUSION.**

I would take this opportunity of paying tribute to the work of my nursing, lay and medical colleagues, whose co-operation and support I have highly valued.

To you, Mr. Chairman, Ladies and Gentlemen, I express my great appreciation of the courtesy and consideration which you invariably show me.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. H. O. ROBERTS,

Medical Superintendent.



## ANNUAL REPORT OF THE CONSULTANT PSYCHIATRIST ON THE MENTAL DEFICIENCY INSTITUTIONS

With the opening of Oakwood Park the number of beds for Mental Defectives in Mid- and North Wales has risen to nearly 800 and means that there are now twice as many beds per head of population for Defectives in Mid- and North Wales as there are in South Wales.

During the past year the most serious problem was the staffing of the hospitals during the epidemic of Asian Influenza. For a time it seemed as if Coed Du Hall would have to be closed because of sickness among the staff. I consider that a pool of staff should be held in reserve in Oakwood Park, from which, during periods of emergency, staff could be seconded to hard-pressed peripheral hospitals.

The implementation of the Report of the Royal Commission may mean major changes in the type of case to be accepted in the future. It is very doubtful whether psychopaths will be suitable for treatment in small hospitals and this will mean that our hospitals will be called upon to nurse only very low-grade cases. Some hospitals may be transferred to the Local Authorities. The number of cases of high- or medium-grade boys or young persons waiting for admission is so small that Oakwood Park has had to accept many very helpless cases, and this means that greater emphasis will have to be focused on low-grade training facilities.

I am sorry that the Committee have not yet been able to appoint a Social Worker to help with the rehabilitation of patients. I consider this to be a mistake.

The tendency, which is seen all over Britain, for the type of case admitted to M.D. Institutions to be of lower and lower grade is being very much felt in this group, and in three of the four Institutions over 50 per cent. of our cases are unable to dress themselves and require constant nursing care. This throws a great burden on the Nursing Staff. Broughton Institution in particular feels this burden, and also the difficulty in obtaining adequate numbers of trained staff.

A brief synopsis of the facilities available at our Institutions is appended:—

Institution	Garth Angharad	Llwyn View	Coed Du Hall	Broughton	Oakwood Park
Address ... ..	Penmaenpool.	Dolgelley.	Mold.	Chester.	Conway.
Position of Hospital ... ..	Very isolated. 4 miles from Dolgelley.	In Dolgelley.	Very isolated. 4 miles from Mold.	Very near Chester.	Conway.
Road and Rail Facilities ...	No buses or trains.	Trains and buses.	No buses.	Adequate buses to Chester.	Good to Conway.
Local Transport ... ..	Institution bus.	Nil.	Own van.	Nil.	Own van.
Sex of Patients ... ..	Male adult.	Female adult.	Female adult.	Female children and adults.	Male children and adults.
No. of Beds ... ..	62	68	86	70	187
*No. on Books ... ..	64	66	87	62	— 179
No. Discharged ... ..	—	1	4	—	6
No. transferred to other Institutions ... ..	4	4	—	2	2
No. on Licence ... ..	5	2	1	—	11
No. trans. to Guardianship...	1	—	1	—	—
No. Died ... ..	1	1	—	2	2
Percentage of High-Grade Cases ... ..	Small	Small	Small	Very small	Small
Percentage of Low-grade Cases ... ..	High	High	Fairly High	Very High	High
Training Facilities:					
Rug and Mat Making ...	Yes	Yes	Yes	Yes	Yes
Basket Making ... ..	Yes	Yes	No	No	Yes
Laundry Work ... ..	No	Yes	No	Yes	Yes
Sewing ... ..	No	Yes	Yes	Yes	Yes
Domestic Work in the Hospital ... ..	Yes	Yes	Yes	Yes	Yes
Domestic Work <sup>1</sup> in Local Houses and Hospitals...	No	Yes	Yes	No	No
Evening Classes in simple subjects ... ..	Yes	Yes	No	No	Yes
School ... ..	No	No	No	Yes	Yes
Gardening ... ..	Yes	Yes	Yes	No	Yes
Ornamental Gardening ...	Yes	No	No	No	Yes
Farming ... ..	Yes	No	No	No	Yes
Poultry-keeping ... ..	Yes	No	No	No	No
Recreation Facilities:					
Television ... ..	Yes	Yes	Yes	Yes	Yes
Weekly Cinema... ..	Yes	Yes	Yes	Yes	No
Religious Services ... ..	Yes	Yes	Yes	Yes	Yes
Swings, See-saws, Roundabouts ... ..	Yes	Yes	Yes	Yes	Yes
Day Parole to local towns for suitable cases ...	Yes	Yes	Yes	Yes	Yes
Annual Pantomime trip ...	Yes	Yes	No	Yes	Yes
Annual Holiday to Seaside ... ..	No	Yes	No	No	No

\*The two sets of figures in the "No. on Books" column refer to numbers at 1st January, 1957, and 31st December, 1957, respectively, and include patients resident, on leave of absence, licence, etc., on the respective dates.

I wish to thank the Medical Staff of the Institutions and of Denbigh Hospital, Mr. Frost and his staff, the Matrons and Superintendents of the Institutions and their staffs, and you, ladies and gentlemen of the Committee, for your helpful assistance and co-operation during the past year.

(Sgd.) T. S. DAVIES,

Hensol Castle,  
Nr. Pontyclun.

Consultant Psychiatrist.

21st April, 1958.



## REPORTS OF THE COMMISSIONERS OF THE BOARD OF CONTROL

North Wales Mental Hospital,  
Denbigh.

1st and 2nd April, 1958.

During our visit to this hospital we believe we have seen all the patients in residence; we have had conversations with many of them and three had private interviews. They benefit from skilled medical and nursing care and we are sure enjoy the most kindly treatment.

Those in residence number 1,425 (714 men, 711 women), 350 being voluntary patients. During 1957 there were 1,144 direct admissions (492 men and 652 women). Of the total, 972 came in voluntarily and three were temporary admissions and 169 were certified. One thousand and seventy-seven patients left or were discharged.

Although in the past year the number in residence has been reduced by about 60, certain wards remain very overcrowded indeed and crowding remains one of the chief problems of the hospital. Part of the reduction in numbers is due, no doubt, to the transfer of a number of mentally defective patients to Oakwood Park and other hospitals for defectives.

Many hospitals are now making determined efforts to rehabilitate some of the more chronic patients, with a view to their ultimate discharge either to their own homes or to old people's hostels. Such efforts are meeting with a good deal of success. We have discussed the subject with Dr. Roberts and have been interested to hear from him what is being done here with regard to rehabilitation. Social activities are numerous and well organised. Physical training classes have been started for the men and will shortly begin on the women's side. Constructional projects are being organised for groups of male patients and there are very well organised occupation departments. A new occupation centre is being made at Pool Parc out of the former engineering shop, and a new recreation and occupation centre is about to be built at the Reception Hospital. We do feel, however, that occupation therapy is capable of further development here, and that some upgrading of the male patients dress as part of the rehabilitation drive would be useful. The question of industrial employment is a difficult one in this rural area and so far it has not been found possible to start anything of the kind inside the hospital.

This is not an entirely open door hospital and there are still two male and four female locked wards. It is hoped in course of time to reduce these numbers still further.

The process of modernisation of the structure, which was so actively being carried on at the time of the last visit, is still being continued. Three new boilers have been installed and the central heating installation is now being renewed. Those wards, corridors and staircases which still have bare brick walls are now being plastered by a new and much more economical

process. Ward kitchens have been up-graded most satisfactorily and the modernisation of sanitary annexes is almost complete. As a result of all this activity many of the wards are being run under great difficulty and the nursing staff must be congratulated on how well they are managing.

The wards are now very well furnished and much new furniture has recently been acquired. Curtains have been made and put up in many wards. The day rooms are most comfortable, but in the dormitories many beds still have very poor mattresses. The need for improvement in this matter is recognised and by degrees interior spring and sorbo rubber mattresses are being acquired.

The Kitchen is somewhat out of date and a plan is now being considered for its entire reconstruction. Catering is in the hands of a catering officer and the dietary appears well varied and adequate.

During 1957, 58 men and 68 women died, giving a mortality rate of 8.5 per cent. Eighty-five post-mortem examinations were carried out. The majority of the deaths resulted from diseases of the circulatory and respiratory systems.

Since the last visit, five inquests have been held, details of which have already been forwarded to our Board. Twenty-four casualties are recorded, mostly fractures due to accidental falls occurring largely among elderly patients.

The general physical health during the period under review has been satisfactory.

At the time of our visit the hospital is free from intestinal infections with the exception of one man, a carrier of dysentery, and one woman, a carrier of paratyphoid. Both are adequately isolated.

Six men and three women are at present suffering from tuberculosis. A chest physician supervises their treatment. The male T.B. verandah and sanitary annexes are now being up-graded.

The nursing staff consists of 126 men and 72 women whole-time, with 64 part-time women nurses. Of these, 68 men and 22 women are certificated or registered as mental nurses. The relationship between the patients and staff is friendly, and the standard of nursing is good.

The special departments are well equipped and suitably staffed. The E.E.G. department undertakes work for other hospitals in the area as well as this one.

In the dispensary there are three dispensers, who are qualified.

The nursing training school is an active and successful unit. At present there are 46 students under instruction. It is understood that an additional tutor may be appointed in the near future. Those responsible are to be congratulated on recent examination successes. There is also an active preliminary training school.

Every facility is provided at this hospital for the adequate treatment of all forms of mental illness. Especially gratifying results are being obtained with largactil.



Consultants in all branches of medicine and surgery are available as required. There are now two dental sessions a week.

Out-patient clinics are held at: Rhyl, four doctor sessions; Bangor, six sessions; Wrexham, five; Dolgelley, one. Children guidance clinics are also held at Rhyl, Wrexham, Colwyn Bay and Flint.

Recently there has been an appointment of an extra Consultant, so that Dr. Roberts now has the assistance of three other Consultants and seven other doctors. There is one vacancy for a J.H.M.O.

Our visit has been a most interesting one, and we would like to congratulate Dr. Roberts and the H.M.C. on the state of the hospital. We are most grateful to Dr. Roberts and to Dr. Williamson for their assistance to us throughout our tour of the hospital.

(Sgd.) I. COFFIN DUNCAN,

(Sgd.) J. FRASER M. CAMPBELL,

Commissioners of the Board of Control.

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Broughton Hospital,  
Broughton,  
Flintshire.

29th May, 1957.

There were 64 patients—all female—in this Hospital for mental defectives to-day. They ranged in age from a child of  $4\frac{1}{2}$  years to elderly women; twelve are under 16 years of age and about a dozen are epileptic. Less than half can do anything useful. Admissions for whom beds are sought here fall chiefly into two categories: Wet and dirty low-grade children or difficult and noisy elderly women of senile type. There are, however, in residence, a few higher-grade working girls who help in the laundry and sewing room and help with the care of the lower grades, e.g., feeding (under supervision), etc.

With this background of the type of patient cared for here, the full seriousness of the continuing shortage of nursing staff can be clearly seen.

The Matron-Superintendent, Miss Fletcher, has no Deputy, and apart from the relief night nurse two nights a week, has no trained nurses at all, and she herself is the only resident; in consequence, proper off-duty periods and holidays for the Matron have had to be foregone.

There are three full-time nurses, including the night nurse, and six part-time—all of whom are unqualified—the seventh part-time nurse is the trained relief night nurse. These nurses are married women living locally, with husbands employed for the most part at the De Havilland Aircraft Factory opposite the Hospital. In consequence, when the factory workers have their annual holiday in the second and third weeks of August, a very critical period of further depletion of nursing staff is inevitable.

In addition to the nursing staff, there are a cook and an assistant cook, a laundress and a seamstress (both the latter were off on holiday this week and Matron had been taking charge in the Laundry to-day).



During 1956 one patient was admitted direct and six were admitted on transfer, one was discharged direct and six were transferred elsewhere, and there were two deaths. With the shortage of nursing staff, it is not surprising to find that there are on an average six to eight empty beds a month, although Short Term Care cases are taken from time to time.

There have been no infectious diseases or casualties since the last visit, but two deaths have occurred, one due to natural causes, but the other necessitating an inquest and full particulars of the feeding accident having been already submitted to our Board.

Dr. Bough visits twice a week and whenever requested, and Dr. Davies, the Consultant Psychiatrist from Sensol Castle, pays periodic visits as before. A visiting dentist comes fortnightly and to-day the hairdresser paid her monthly visit.

The part-time teacher, Mrs. Turner, takes about a dozen medium grades for "school" three afternoons a week, and I was impressed with what they had accomplished when I visited them in the "school" hut to-day. The others, except for the few in bed, were all out playing in the field, where there are swings and a see-saw. Indoors, television is a source of great pleasure. Despite the staff shortage, I found the day rooms and dormitories in good order and the patients sunburnt and cheerful, and I think much credit is due for the way in which Matron and her staff have managed under these difficulties. In conclusion, I should like to thank Miss Fletcher for her help throughout my visit.

(Signed) C. M. GAVIN,

Inspector of the Board of Control.

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Broughton Hospital,  
Near Chester.

24th March, 1958.

I to-day visited this Hospital on behalf of my Board and found 64 certified patients (46 over 16 and 18 below that age) and one informal patient. There was, in addition, one short-term case—a male.

The patients are mainly very low-grade cases and the staffing shortage is so acute that a number have nets over their cots. One woman, aged 39, has been in a cot-bed for two years; she is a low-grade imbecile, who is able to talk a little, but is said to be too difficult to be allowed up. Here again inadequate staff seems to be responsible and one wonders if a transfer elsewhere is not desirable. There are, however, six or so higher-grade feeble-minded women who are useful workers and without whom the running of the hospital with the present staff would be difficult.

Since the last visit there have been six admissions, one discharge and three transfers elsewhere. Three patients have died, death in each case being due to natural causes.

The general health has been very good and there have been no infectious disorders of any kind. A Mass X-Ray examination was held in February; no cases requiring further investigation were discovered.

Dr. Bough visits twice a week.

The dental surgeon also visits regularly and the chiropodist and the hairdresser visit monthly.

Those patients capable of work are fully occupied. Pocket money varies from 10/- in one case and 7/6 in another to 1/3. The very low-grade patients get sweets in lieu.

The working girls visited Chester before Christmas; in all, 12 went, and there was a visit by 28 to the Pantomime. Every week there is a cinema performance in the hospital and there are Television, Wireless and a Gramophone. During the past year there were three outings by Coach, which were much enjoyed.

I was sorry to hear that the foul wash, of which there is a large quantity, still has to be sluiced in the wards by the Matron and other staff before going to the laundry.

Some interior and exterior redecoration has been done, and the whole of the buildings are clean and bright.

Reference has already been made to the shortage of nursing staff, but from one angle the position is a little better than it was a year ago. Miss Fletcher now has a deputy, who has come out of retirement in order to assist. She seems to have a very nice way with the patients although without Mental Defective training. Unfortunately, one part-time nurse has left, however, and the nursing staff now consists only of three full-time nursing assistants, five part-time nursing assistants and one part-time night relief. I was glad to find that at last Miss Fletcher has been able to take a holiday; she returned from leave only two days ago.

(Signed) I. COFFIN DUNCAN.

Commissioner of the Board of Control.

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Coed Du Hospital,  
Flintshire.

14th April, 1957.

Coed Du Hall provides a very good home for the 81 patients in residence. Its atmosphere is homely and the patients are obviously kindly treated. Although varying fairly widely in mental age, the patients are suitable to associate with each other, but about 16 really low-grades have, to a large extent, separate quarters, and recently a dining room annexe has been provided for them with a specially tiled floor.

The hospital suffers at present from lack of a Social Worker, but I understand that a Social Worker based on the recently opened Oakwood Park is shortly to be appointed, whose duties will include work at all the small institutions in North Wales. This appointment will be of great value at Coed Du Hall and will promote the chances of suitable patients getting out on licence.



The other need here is for a part-time occupation Therapist, perhaps a joint appointment with Broughton might be the solution. Although the nursing staff does what it can to encourage sewing and embroidery and rug making, the real problem is providing proper training for the lower grades in simple handicrafts. The Occupational Therapy hut is at present not in use.

Entertainments are difficult to arrange as Coed Du Hall is so isolated, but T.V. and I.T.V. are most popular; a 16 m.m. cinema also provides a weekly entertainment and a group occasionally goes to Chester to a Cinema. The bus takes parties for outings and to Concerts in the Village.

The new playing field is not yet available, but I hope it will be shortly and that the swings and merry-go-round will then be moved there.

Rewards for useful work done and pocket money are given and vary from 1/- to 5/- a week.

A most useful improvement to the kitchen has been completed which gives valuable increased space. New equipment has been installed. Dinner to-day consisted of roast mutton, white beans, potatoes and sago pudding.

Furniture is being improved and interior spring mattresses are gradually taking the place of the more old-fashioned kind.

The downstairs sanitary annexe is in need of a new floor covering and the cubicles are old-fashioned. There is no wash-hand basin in this Annexe.

The general health has been excellent, and there has been no serious illness of any kind to record since the last visit. Only one patient was in bed to-day.

There is a dental session once a fortnight. Dr. Lewis and Dr. Butler each visits weekly. Mrs. Taylor, the Matron-Superintendent, accompanied me throughout my visit and gave me every assistance.

(Signed) I. COFFIN DUNCAN,  
Commissioner of the Board of Control.

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Llwyn View Hospital,  
Dolgelley.

25th September, 1957.

At my visit to-day I found that Miss Williams, the Matron, was away on holiday. The Assistant Matron, Miss Davies, took me round and gave me all the help she could.

Since the last visit there has been little to record. The hospital is well run and the patients seem very contented. Routine redecorations have been going on and the day rooms and dormitories are bright and comfortable. The girls are well occupied. There is no visiting occupation therapist, but many of the patients do their own embroidery and knitting. Recently, there has been a welcome increase in pocket money and rewards. Two girls go out on daily licence and earn the rate for the job. Thirty of the girls went on holiday this summer to Portmadoc and two others were able to go to their homes. Two outings to Rhyl, one in June and the other in October, take place each year.



The patients in residence to-day number 63, plus two short-term cases. One patient is on licence to Denbigh Mental Hospital as she is suffering from tuberculosis.

The general health has been excellent, except for a recent outbreak of influenza; so far there have been seven cases, of whom two are still under treatment.

One patient is suffering from tuberculosis. The condition is quiescent and she is not regarded as infectious. She remains in bed until after dinner. She is seen each month by the tuberculosis officer.

There has been no death since the last visit. The only accident which has occurred is a recent one, and the patient was in bed to-day receiving treatment for scalded feet. I made enquiries and found that the patient, who was faulty in habit, was being given a special bath and had been allowed to get into a bath with scalding water. There were two nurses on duty in the bathroom at the time, one attending to the patient in question and the other washing the hair of other patients.

The shortage of staff is serious. There are only eight nursing assistants, of whom two are part-time.

I was glad to hear that several patients have recently been provided with false teeth.

Dr. Owen visits regularly and Dr. Davies from Hensol Castle from time to time.

(Signed) I. COFFIN DUNCAN,  
Commissioner of the Board of Control.

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Garth Angharad Hospital,  
Dolgelley.

25th September, 1957.

Since this hospital was last visited, Mr. Roberts has retired and he has been succeeded as Superintendent by Mr. J. A. Jones, who was formerly the Chief Male Nurse. The patients in residence to-day number 58, and there are two on licence and one away on leave. The opening of Oakwood Hospital at Conway has helped classification here, and three of the high grades have been transferred there and one has gone to the new Mental Deficiency hospital near Cwmbran.

The staffing position remains a problem here. There are only four nursing assistants full-time, 1 nursing assistant part-time, and two ward orderlies. The lack of trained staff is a serious matter.

The general health has been very good except for a recent outbreak of influenza; there were 11 cases amongst the patients, and several staff went down with it. I am glad to say the hospital is now clear. Two patients are returned as suffering from tuberculosis; both are quiescent. They are seen periodically at the T.B. Clinic in Dolgelley. They have a separate dormitory.

with separate sanitary spur and have special crockery. All patients are shortly to have another X-Ray examination. Otherwise, the general health has been excellent.

Since the last visit two patients have died, both from natural causes.

The patients are well occupied and seem very happy and contented. They play football and cricket and take much interest in watching football matches and visiting the Cinema at Barmouth.

Since the last visit an extra £100 per annum has been devoted to increasing pocket money and rewards. This has made a great difference to the patients, particularly to those doing really useful work. Cigarettes and sweets are issued in addition to money payments.

The flat formerly used by Mr. Roberts is now being adapted for patients and will enable the permitted numbers to be increased by 12. Many parts of the building have been recently redecorated and the ground floor sanitary annexe has been modernised. Roof repairs have been executed and the exterior repainted.

This little hospital has made real progress during the last year.

(Signed) I. COFFIN DUNCAN,

Commissioner of the Board of Control.

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Oakwood Park Hospital,  
Near Conway.

8th October, 1957.

To-day I paid the first visit on behalf of my Board to this recently-opened hospital for male mental defectives. The building, a former hotel, is ideally-situated in beautiful scenery, about three miles from Conway. The structure is black and white imitation Tudor and from the institutional point of view has drawbacks. Perhaps the worst is that practically all the windows have had to be covered with close wiremesh. This is said to be necessary to prevent accident and also unnecessary destruction. This netting is unsightly and interferes to a certain extent with ventilation. This disadvantage would be lessened were the top lights of the various windows made to open, and I understand this is being considered. Owing to the lie of the ground the building is on several different levels and, in one or two places, the steps up and down may lead to accidents. The former Golf Club house is to be turned eventually into the School and occupation centre. This is a long-term plan. The handicrafts are now carried out in the garage buildings and there is a hut in the grounds intended for use for the School. This is, however, closed on account of heating difficulties and the School is at present housed in a very fine lower ground floor room. Its windows are entirely wire-netted, the top lights do not open, and already the parquet floor is so impregnated with urine that the odour is very oppressive. Some 26 children attend the School, many of them very low-grade. There are two teachers, both with experience of teaching normal children and one of them is certificated. Both are without experience of defectives and I was glad to hear that arrangements are being made for each of them to be sent on a month's course to Hensol Castle. I feel



that, at present, too great effort is being made to teach these low-grade children to read, write and do arithmetic; only very few of the 26 can possibly benefit. I hope it will be possible next year for one of my colleagues, with experience of training mental defective children, to visit this School. Heavy outdoor toys are, I was glad to learn, on order for the grounds.

The present Occupational Therapy department in the Garage yard employs about 20 patients in various crafts. There is a trained instructor.

There are to-day in residence 136 patients, all males, of whom 54 are under the age of 16. In addition, there is one short-term case, and one man, who has been discharged from order, is being allowed to remain on. Many of these patients have been admitted from other institutions in the area where they were unsuitably placed and there has undoubtedly been a general improvement in classification.

I was particularly pleased with the ward for low-grade idiots. Here the nursing was excellent, and the children were obviously receiving most careful attention. It was noticeable that, in this ward, there was a complete absence of odour. I noticed that adult-size W.C.s had been provided in the children's ward and hope that, in time, this can be remedied.

On the whole, the furnishing of Oakwood is very good indeed, and most of it is, of course, modern. The beds, however, have not been provided with interior spring or dunlopillo mattresses.

So far, no troop of Scouts has been formed. There are cricket and football teams and a good playing field. Cinema performances are held weekly, and there are three Television sets. Pocket money is given up to 7/6 a week and a ration of tobacco or cigarettes as well.

Only the foul wash is done on the premises, the rest is sent out. So far, individual marked underwear has not been provided. I hope the need of it will not be overlooked.

Unfortunately, since the hospital was opened, there has been an outbreak of dysentery. In all, 34 patients have been involved and, of these, two are still suffering from the disease. In the earlier cases the Flexner strain was discovered, but the most recent cases are nearly all Sonne. Otherwise, the general health has been very good and there is no other illness to record.

One patient of 71 died from natural causes.

There is no visiting dentist and patients requiring dental treatment visit a dentist in Conway.

Dr. H. R. G. Davies is the visiting Medical Officer, and Dr. T. S. Davies from Hensol Castle visits periodically. The nursing staff consists of 18 men and 11 women, seven of the former and two of the latter being certificated or registered as mental nurses.

Mr. Newbould gave me every assistance during my visit and I am most grateful to him.

(Signed) I. COFFIN DUNCAN,

Commissioner of the Board of Control.



# NORTH WALES CHILD GUIDANCE CLINICS

## REPORT FOR THE YEAR ENDING 31st DECEMBER, 1957.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the report of the North Wales Child Guidance Clinics for the year 1957.

### A—INTRODUCTION.

Thanks to favourable staffing conditions during the greater part of the year, we were able to meet most of the demands made on the services which the clinics provide.

There was a further rise in the number of individual children with whose cases we could deal and in the number of attendances recorded by each of the specialist workers represented in the clinic teams.

The figures given in Table 1 will be of general interest. They also reflect the extension in the activities of the clinics which has taken place during the last five years.

Table 1.

	1953	1954	1955	1956	1957
Number of individual children dealt with by one or more members of clinic teams: ... ..	263	328	419	485	541
Psychiatrists and Child Therapist:					
Attendances at clinics ... ..	615	665	1053	1014	1236
Psychologists:					
School and other visits ... ..	62	86	170	199	210
Interviews and Examinations ... ..	197	315	487	701	1035
Psychiatric Social Workers:					
Home and other visits ... ..	261	411	314	636	504
Attendances at clinics ... ..	476	600	924	1176	1604

### B—GENERAL DISCUSSION.

In the next few pages some important aspects of the clinics' work will be discussed and reference will be made again to the urgent need for a residential treatment unit for emotionally maladjusted children.

#### (1) Some Observations on Future Services for Children.

Matters appertaining to Mental Health in its diverse aspects have received a great deal of attention during the latter years, the "Report by the Royal Commission on Laws relating to Mental Illness and Mental Deficiency" arousing special interest when it was published in May, 1957.

It seems clear now that Local Authorities and Hospital Boards will be required to enlarge their preventive and therapeutic services. Child Guidance Clinics, in common with the psychiatric services for adults, will then be

confronted to an even greater extent than now with problems arising from staff shortages.

One way to meet these would seem to lie in our ensuring that all available specialist staffs are in positions where their skills can be utilised in the interest of the largest possible number of those in need of their help. Here one might quote the success of the school psychological service, established as a result of the co-operation between the Officers of the Local Education Authorities of the five counties and the Committee of Management. A relatively small increase in our staffing strength allowed us to widen the scope of our activities very considerably.

A second way, which has been given a great deal of thought and has led to extensive experiment, is based on the belief that, in particular in the field of mental hygiene and early treatment, a great deal of work can be done by, especially, general practitioners and the medical and nursing personnel of the Public Health Services. They meet parents and children in large numbers, often during periods of great emotional stress and change, and are, therefore, in a favourable position to offer help and guidance.

If they can do this successfully, a great deal of emotional distress and illness may be prevented or ameliorated. Workers from the psychiatric services may also be freed for patients whose cases demand very skilful and expert handling for their successful treatment.

Psychiatrists, psychologists and psychiatric social workers might then also be able, to an increasing extent, to devote part of their time to "group work." In this, they would meet a smaller or larger number of workers from allied fields for discussion of mental health problems, methods of approach to and handling of actual patients.

In our day to day work at the clinics we aim to establish the closest possible liaison with the workers mentioned before, and with teachers, probation officers and staffs of children's officers' departments. We would consider, therefore, that in the groups under discussion we might meet them and others engaged professionally in the care, teaching and treatment of children, adolescents and their families.

Individual Groups can differ in their composition and in their aims. Our preference at present is for small groups, of perhaps 8—10 people, including two from our clinics, meeting weekly or at least twice a month for an indefinite period, to discuss freely and extensively any matters which the group members may wish to bring forward. In the first instance, we hope to participate in one or two groups of this or similar kind. As experience is gained, and subject to staff able and willing to undertake this work being available, further groups might be formed in due course.

## **(2) Psychological Services of the Clinics.**

For the purposes of this report it is convenient to distinguish between a "clinical" and an "educational" psychological service. It should be remembered, however, that the psychologists, just like other staff, deal with all the children who are referred to the clinics at which they work. The investigations and remedial methods which they carry out are determined by the children's needs and do not depend on referral source or cause.



I am indebted to Dr. G. A. V. Morgan, Senior Psychologist, for the following report on the activities of his department:—

**“(a) Clinical Psychological Service.**—The primary responsibility of this service is to carry out intelligence, personality and scholastic tests, and any other investigations which may be considered necessary for the investigation and treatment of children referred primarily because of behaviour difficulties, emotional maladjustment, or difficulties in personality development.

“The numbers of children so referred have not varied greatly during the latter years.

**“(b) School Psychological Service.**—Much of the effort of the School Psychological Service during the current year has been devoted to consolidation of previous work described in the report for 1956. There has, therefore, been a relative lull in the tempo of **new** development. Pressure of work was, however, very considerable.

“Thus, work on the individual ascertainment of intellectually handicapped children continued to develop in Caernarvonshire and Anglesey. In Flintshire, in addition to his usual visits, Mr. Karle has been assigned responsibility for undertaking detailed testing, as requested by the head teachers, of children previously screened by group tests in last year's survey of retarded classes in secondary modern schools. He has also carried out individual testing of children and discussed methods of approach with the teachers of a school where a class for retarded children is being developed. He has submitted a report on his findings and recommendations.

“Contact with teachers of retarded children in Caernarvonshire, Flintshire, Anglesey and Merioneth has been maintained through visits and discussions. One could wish there was very much more time for this type of work.

“A new development during the year has been the request by a number of Flintshire teachers in primary schools for help and advice on the choice and development of standardised tests suitable for grading and assessing children in the classroom. It would seem to be practicable to construct a series of attainment tests in basic subjects for the primary school age range and standardise them in a given area, the teachers and representatives of the authority determining the aim and general content of the test and contributing or suggesting suitable items, the psychologist providing technical skill and advice on test construction and standardisation.

“The Senior Psychologist has had exploratory discussions on this project and it is anticipated that the work will develop during the course of the next year. Such tests would serve a most useful purpose in allowing retardation to be detected early in the primary school so that remedial measures might be planned.

“The Senior Psychologist, at their invitation, gave a paper on ‘The Individual Child and Backwardness’ to the Autumn Conference of the Merioneth Association of the National Union of Teachers. This aroused considerable interest, and it was suggested that he might contribute to a refresher course for teachers to be held in the Summer of 1958.



"A talk on 'Attainment Tests' was also given to the Ministry of Education course for teachers of retarded children at Cardiff in the summer. This gave a unique opportunity of establishing contact with teachers of retarded children from all parts of Wales, representatives of the Ministry of Education Inspectorate and specialists in the education of retarded children.

"At Bangor, four students from Mr. Miles' Psychology class at University College have been assisting with the remedial teaching of a number of retarded children. We welcome this opportunity of collaboration with the University, which carries the double advantage of increasing the manpower available for remedial teaching, and offering the students themselves an opportunity of learning something of clinical procedure.

"We have benefited very much in our work from the support of the School Medical Officers and of Mr. W. J. Jenkins, H.M. Inspector of Schools, and would like to record our appreciation of their interest.

"As stated in the previous report, the pattern and development of the work must follow the needs of the School Medical Officers, Directors of Education and teachers who make use of the service, and it appears to be doing so."

### **(3) Research: Intelligence Test for Welsh-speaking Children.**

The start of this research, which aims to adapt the "Wechsler Intelligence Scale for Children" for use with Welsh-speaking children, was delayed as a result of the difficulties we had in securing the services of a suitably qualified senior worker.

Mr. U. Wiliam, Research Fellow, has kindly provided the following notes on the progress of the work, covering the period to the end of March, 1958:—

"Since the commencement of the research programme in September, 1957, the Research Staff have been engaged on the first stage of the project to establish a Welsh individual intelligence scale for children.

"The First Stage may be divided into four main sections:—

- "(a) **Preparation of Welsh Test Items.**—Suitable items were translated from the Wechsler Intelligence Scale for Children and a considerable number of new test items were constructed from original and other sources. The approximate order of difficulty of the items in a new Vocabulary sub-test was obtained by means of preliminary testing carried out on 275 pupils in selected schools.
- "(b) **Construction of an Oral Language Questionnaire** for individual use. It was decided to construct a language questionnaire for the purpose of determining whether a prospective testee should be tested in Welsh or not. This was held to be necessary as no other satisfactory method for selecting the most suitable language was available.

"The questionnaire was tested, on two occasions, on two representative and random samples of the primary school population of North Wales, about 550 children being interviewed individually.

"The answers were subsequently analysed in detail, items were revised or replaced and considerable statistical work was carried out in connection with the answers.

"The results so far obtained give grounds for hoping that the final form of the questionnaire will be both accurate and reliable.

- " (c) **Selection of the Test Sample.**—An enquiry form was constructed and circulated, with the assistance of the Local Education Authorities, among the head teachers of the area. The information thus obtained provided up-to-date details of the number of Welsh-speaking children in North Wales, stratified according to age, sex, class and school.

"On the basis of this information a sample scheme was drawn up and a random sample was made of schools for the purpose of testing the test items. The guidance of Mr. G. F. Peaker, H.M.I., on this aspect of the work was particularly appreciated.

- " (d) **Preliminary Testing of Items.**—Final preparations are now in hand for the first 'try-outs' of the Welsh test items in the schools during the school summer term. This will conclude the First Stage of the research programme.

"The Second Stage of the project will be mainly devoted to full-scale testing of test items. It is expected that approximately 1,000 children, between the ages of 6 and 12, will be included in the total test sample and they should provide a statistically reliable cross-section of the Welsh-speaking school population of North Wales."

#### **(4) Residential Accommodation for Children requiring Psychiatric Treatment.**

The need for a residential treatment unit for emotionally disturbed children who require psychiatric treatment has been stressed in earlier reports. It will be recalled also that the Regional Hospital Board expressed their agreement in principle to the establishment of such a unit some years ago.

At our clinics we aim to provide treatment on an out-patient basis for patients showing a wide variety of disturbances. If conditions seem reasonably favourable we accept even very seriously troubled children for long-term therapy.

A relatively small number of children cannot, however, be treated with reasonable prospects of success while they remain in their own homes. These children constitute a most serious problem because of the far-reaching effects which their disturbed behaviour may have on those around them, the distress they may cause to their parents and siblings even when their behaviour may appear barely abnormal to the outsider, and the difficulties with which they may confront those who wish to help them.



A proportion of these children can receive adequate help in schools for maladjusted children, where they can be admitted by arrangement with the Education Authority.

Others need intensive treatment of a kind which cannot be provided in special schools. They require admission to a psychiatric unit.

A unit of that kind would also cater for a further number of children who require extensive and specialised observation and investigation before a firm decision on the most appropriate form of treatment for them can be made.

There is no special school for maladjusted children and no unit of the kind required in North Wales.

Apart from the fact that vacancies outside the area are extremely difficult to get because of a countrywide shortage of accommodation of this type, there are other difficulties of various kinds to be considered before a recommendation for special placement can be made and implemented.

Thus, more often than not, a period of many months elapses before a place is offered, in response to many enquiries and after time-consuming efforts. Even then we may have no choice but to accept a vacancy at a school of which we have no personal knowledge, or one which we cannot consider really adequate for the needs of the particular child.

On other occasions, special clinical considerations which would not arise if we had a unit in this area, prevent us from recommending residential treatment which is indicated on general grounds. Thus it may be essential for parents to maintain close contact with a child and this cannot be secured if he is placed far away from his own home. Or, we may consider it necessary for a child to receive treatment at a Child Guidance Clinic. Few special schools have access to such clinics.

Sometimes, it is thought that a short period of separation could reduce stresses sufficiently to allow parents to participate in out-patient treatment. Placement in cases of that kind is, often, a matter of urgency. Vacancies, on the other hand, are rarely available except at the beginning of a school term, and it is not a common practice to admit children from an outside authority to a special school for a period of only a few months.

Finally, only too often, especially in the cases of somewhat dull children or those aged over 12, experience has taught us that any efforts we might make to find a vacancy are likely to be in vain.

In some instances we call on the good offices of the Children's Officers, who do all in their power to provide for the children. Sometimes, the decision of a Juvenile Court to admit a child to an approved school removes our difficulties.

We recognise that a great deal of help may be given to children in this way. It is true, however, that the treatment of emotionally maladjusted children is not a function for which either Children's Homes or Approved Schools are adequately equipped or staffed.

Disposal then may cause us considerable concern. Apart from all other considerations, this is so particularly because our failure to provide adequate



treatment, whether on an out-patient basis or by residential care, may lead the children to lose faith in their own worth, and in the ability of adults to give them the help they need.

Tables 2a and 2b, which follow, will be of interest here, for the reasons given above, the figures are not, however, thought to present a true measure of the extent of the problem under discussion. Many more children are involved, and it is considered that we might aim, in the first instance, at developing a unit for 15 to 20 children. This might be enlarged to 25 or even 30 if this was thought necessary and practical in the light of experience.

The establishment of a similar unit for adolescents will no doubt require consideration in due course.

The cost of a unit of the kind suggested would be high. The expense to the public of maintaining children in special schools is, however, also very considerable; families may suffer great economic loss if they are obliged to organise their households to meet the needs of disturbed children; and it will be agreed that considerations other than financial ones must be given full weight.

**Table 2a.**

Children of average or above average intelligence, under age 15

	Angl.	Caerns.	Denbs.	Flints.	Mer.	Total
Resident in schools for mal-adjusted children on 31/12/57	3	2	7	1	—	13
Recommended for admission to such schools during 1957 or earlier, but no vacancy found ... ..	2	2	—	4	—	8
	5	4	7	5	—	21

**Table 2b.**

Children admitted to North Wales Hospital, Denbigh (excluding re-admissions)

	1955	1956	1957
Aged under 15 ... ..	2	1	3
Aged 15 and under 16 ... ..	—	1	2
Aged 16 and under 18 ... ..	10	6	8

## C—INFORMATION ON CLINICS AND STAFF.

### (1) Clinics.

For the greater part of the year a very full clinical programme could be carried out, but this had to be curtailed when some members of the staff left and could not be replaced.

Unfortunately, we were also compelled to change some clinic days, and in Table 3 the position is shown as it will be in mid-1958, when two new

workers are expected. There will be two vacancies on our establishment of four Psychiatric Social Workers and while we hope to maintain the present level of activity at the clinics in most respects, the number of visits to homes will have to be reduced, possibly drastically, for a time.

**Table 3.**

Town	Address and Telephone	Day	Time	Sessions
<b>Bangor</b> ... ..	Sackville Road, Bangor. Tel. Bangor 2735.	Tuesday.	Mornings and Afternoons.	4 per week (2 teams)
<b>Bl. Ffestiniog</b> ...	"Isallt," Bl. Ffestiniog. Tel. Bl. Ffestiniog 93.	2nd, 4th and 5th Mondays in month.	Mornings and Afternoons.	4—6 per month
<b>Colwyn</b> ... ..	Bod Difyr, Cefn Road, Old Colwyn. Tel. C. Bay 55016.	Tuesday, Wednesday, Thursday.	Mornings and Afternoons.	4—5 per week (2 teams)
<b>Holyhead</b> ... ..	St. David's Priory, Holy- head. Tel. Holyhead 555.	Thursday.	Mornings and Afternoons.	2 per week
<b>Rhyl</b> ... ..	Fron Fraith, Boughton Avenue, Rhyl. Tel. Rhyl 1208.	Monday and Friday.	Mornings and Afternoons.	4 per week (2 teams)
<b>Shotton</b> ... ..	Ash Grove, off Queens- ferry Road, Shotton. Tel. Con. Quay 383.	Friday.	Mornings and Afternoons.	2 per week
<b>Wrexham</b> ... ..	Gatefield House, 32 Kings Mills Road, Wrexham. Tel. Wrexham 4048.	Thursday.	Mornings and Afternoons.	2—4 per week

All members of the staff meet at the central clinic in Old Colwyn on Wednesdays for office work and case discussions.

It might be noted here that diagnostic interviews, in which the full team is involved, occupy approximately two hours in most instances. Children referred for educational reasons only can be examined in about one hour. Three quarter hours are allowed for treatment interviews, and a similar period of time is needed for most re-examinations.

Because of this, and the necessity to co-ordinate the work of the three members of the clinic team, we have to work by a strict appointment system and our time-tables have to be prepared, often, some weeks ahead. Considerations, arising out of our treatment method itself, further demand that we are available for the children and their parents at the times arranged.

## (2) Staffing.

### (a) Medical.

Dr. J. Aled Williams continued to work as Registrar in Psychiatry.

### (b) Non-Medical.

**Child Therapist:** Miss C. Sim resigned and left on 30/9/57. The post vacated by her could not be filled during the year, but Miss V. Hunkin was appointed to start work on 1/6/58.



**Psychologists:** Dr. G. A. V. Morgan, Senior Psychologist, and Mr. H. Karle attended clinics as shown in the next table. At the Holyhead Clinic Dr. Morgan combines the duties of a psychologist with those of a child therapist.

Mr. W. R. Jones and Mr. T. R. Miles, Lecturers in the Department of Education, University College, Bangor, attended at the Bangor Clinic as part-time workers. Mr. Jones will, in future, come by arrangement only. Mr Miles will continue to attend weekly for one or two sessions.

**Psychiatric Social Workers:** Mr. J. S. Midwinter, Senior Psychiatric Social Worker, who had worked in our clinics since 1950, accepted a post in London and left on 30/9/57.

Miss J. M. B. Smedley was appointed to the post vacated by Mr. Midwinter and took over her duties on 28/10/57.

Mrs. M. K. Thomas and Miss R. M. Oliver continued in their work as before. Unfortunately, however, Mrs. Thomas intends to leave the service for domestic reasons about June, 1958, and Miss Oliver wishes to accept a post in Manchester.

Miss A. Pritchard left on 30/6/57 to take up a post in her home town, Liverpool.

Mr. F. J. Harris was appointed to one of the vacancies on the Psychiatric Social Worker strength and will join the staff on 1/6/58.

#### (c) **Research Workers.**

Mr. U. Wiliam, Research Fellow, and Miss G. Roberts, Research Assistant, joined the staff on 2/9/57. The central clinic serves as their base and office.

#### (d) **Secretarial.**

Miss D. Harrison, our Secretary, relieves the specialist staff of the greater part of routine administrative work. In addition to her more general duties she is responsible for the keeping of the Register, statutory and other returns, etc., and I am again especially indebted to her for her help in the preparation of this report.

Miss S. G. Goulden continued her work as Shorthand Typist, acting as Appointment Clerk and responsible for the case notes of the Psychiatric Social Workers.

Miss E. Rogers, who is Welsh-speaking, is responsible for the greater part of the clerical work of the psychological service.

At the time of writing this report the exact distribution of staff, as it will be during 1958, is not yet known, but Table 4 may serve as a guide.

**Table 4.**

Name	Duties	Attending at
Dr. E. Simmons ... ..	Consultant in Psychiatry ...	Bangor, Colwyn, Rhyl and Wrexham. Others by arrangement.
Dr. J. A. Williams ...	Registrar in Psychiatry... ..	Bangor, Blaenau Ffestiniog, Colwyn and Shotton.
Miss V. Hunkin ... ..	Child Therapist ... ..	Colwyn, Rhyl and Wrexham.
Dr. G. A. V. Morgan ...	Senior Psychologist ... ..	Bangor, Blaenau Ffestiniog, Colwyn and Holyhead (Rhyl as required).
Mr. W. A. H. Karle ...	Psychologist ... ..	Colwyn, Rhyl and Wrexham.
Mr. W. R. Jones ... ..	Psychologist (part-time) ...	Bangor by arrangement.
Mr. T. R. Miles ... ..	Psychologist (part-time) ...	Bangor.
Miss J. M. B. Smedley	Senior Psychiatric Social Worker ... ..	Bangor, Blaenau Ffestiniog and Holyhead (Rhyl as required).
Mr. F. J. Harris ... ..	Psychiatric Social Worker	Colwyn, Rhyl and Shotton (Wrexham by arrangement).

**Note.**—Dr. Williams, Dr. Morgan and Mr. W. R. Jones are Welsh-speaking.

## D—INFORMATION AND DATA IN RESPECT OF CHILDREN.

### (1) Sources of referral.

The following table will give a picture of the extent to which various agencies used the Service. All children referred during the year are included, but not all of them were examined.

**Table 5a.**

Referring Agency	Counties						
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	Total
School Medical Officers ... ..	13	75	35	23	7	—	153
General Practitioners ... ..	9	25	23	20	3	—	80
Consultant Paediatricians ... ..	4	9	3	4	2	—	22
Other Medical Specialists ... ..	2	1	5	2	1	—	11
Courts and Probation Officers...	—	1	9	11	—	—	21
Other Social Workers ... ..	2	5	9	5	—	—	21
Parents ... ..	—	1	4	2	—	—	7
All Agencies 1957 ... ..	30	117	88	67	13	—	315

On 31st December, 1956, 73 children were on the waiting list, 20 of these being cancelled later. Three hundred and fifteen new referrals were received during 1957. Eighteen of these were cancelled and 33 remained on the waiting list on 31st December, 1957.



The table of Referral Figures for the last six years may be of interest :—

Table 5b.

All Referring Agencies (Numbers referred by School Medical Officers shown in brackets)

	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	Total
1952 ... ..	22(13)	54(40)	73(38)	38( 4)	12(10)	—	199
1953 ... ..	18(13)	60(42)	67(31)	28( 4)	10( 7)	—	183
1954 ... ..	21(10)	76(50)	71(23)	51(15)	16(16)	—	235
1955 ... ..	33(24)	106(75)	97(23)	63(22)	18(13)	2	319
1956 ... ..	61(43)	126(77)	91(38)	63(28)	22(22)	1	363
1957 ... ..	30(13)	117(75)	88(35)	67(23)	13( 7)	—	315

It should perhaps be mentioned at this point that figures refer to children dealt with, or to be dealt with, individually. Requests for the examination of children in groups, or the results of group tests, are not recorded in the statistical data given in this report.

## (2) Causes of referral.

The variety of difficulties for which children are referred may be gathered from Table 6 which follows. Only those children who were first examined during 1957, and whose investigation was completed during the year, are included (i.e., not all those referred). The main symptoms as stated by the referring agencies are listed.

Table 6.

Behaviour, difficult and aggressive (30), beyond control (3), in need of care and protection (1) ... ..	34
Stealing (17), stealing with difficult behaviour (11), wandering (2) ... ..	30
Larceny (1), sexual misbehaviour (4), larceny with other symptoms (1) ... ..	6
Enuresis (11), enuresis with other symptoms (9), Soiling (3), soiling with other symptoms (4), Undesirable habits (1) ... ..	28
Temper outbursts (2), temper outbursts with other symptoms (4), Negativistic (2)... ..	8
Sleepwalking (2), night terrors (3), other nervous sleep disturbances (3), Habit spasms (4) ... ..	12
Hysterical behaviour (2), Nervous, emotional, maladjusted (12), Morose, moody (3), excessive fantasizing (1), various fears (5) ... ..	23
Various bodily complaints, no adequate physical cause found: Many medical symptoms (3), various pains (5), paling (2), Vomiting, coughing, fainting (3) ... ..	13
Asthma (1), asthma with other symptoms (4), Loss of hair (1) ... ..	6
Stammer (5), Retarded speech development (3), Speech difficulties with other symptoms (2) ... ..	10
Reluctance to go to school (2), Refusal to go to school (2), refusal to go to school with other symptoms (3), Truanting (4), truanting with other symptoms (5) ... ..	16
Attempted suicide ... ..	1
Epilepsy with behaviour difficulties (1), ?epilepsy (3) ... ..	4
Scholastic difficulties—specific ... ..	2
general ... ..	5
Backward, retarded (8), backward with other symptoms (10), for advice on management or placement (10) ... ..	28
For assessment of intelligence only (84) ... ..	84
For investigation—children with special handicap: Spastic (2), partially-sighted (1), multiple (1) ... ..	4
For advice on fostering (2), career (1) ... ..	3
	<hr/> 317





### Observations on Table 7.

#### Likely scholastic success.

The scholastic success likely to be achieved by the children in the various I.Q. ranges, which have been used in Table 7, may be gathered from the following:—

- I.Q. under 55 ... Unlikely to benefit from education, in the sense in which this word is normally used. Suitability for attendance at a "Training Centre" has to be determined.
- 55 to 69 ... Require, and likely to benefit from, education in a special school.
- 70 to 84 ... Require, and likely to benefit from, education in a special class.
- 85 to 114 ... Of low average, average and high average ability.
- 115 to 129 ... Of superior ability.
- 130 and over ... Of outstanding ability.

#### NOTE: Limited Value of "I.Q. Figure."

An "I.Q. figure" has only a limited value. It is used to express the result of a test given to a child, but it does not represent all that could be said about his intelligence and his abilities. Group tests and singly applied non-verbal or performance tests, similarly can only act as pointers.

We have to give Individual Intelligence Tests, usually composed of groups of sub-tests, and supplemented by whatever additional special tests may be required, if we are to make a reliable assessment of a child's present, and his potential future, abilities. Observation in the "standardised test situation," and correct interpretation of his behaviour there, are also always needed and of no lesser importance than the tests themselves. These points assume particular importance in work with emotionally disturbed children. Personal histories and behaviour during interview with the psychiatrist have then also to be taken into account, before the value which can justifiably be attached to test results can be finally determined.

## (4) Diagnoses.

The seriousness, or otherwise, of the conditions with which we are asked to deal, may be estimated from Table 8 which follows. In this the children who were first examined during 1957, and on whom investigations were completed during the year, are grouped in broad diagnostic categories according to their ages.

Table 8.

Diagnostic Groups and Age Ranges	Under 5	5—7	7—10	10—12	12—15	Over 15	All Ages
<b>A—Behaviour and Personality Difficulties</b> (No. of dull children in brackets):							
1—Behaviour Disorders, simple ... ..	—	3(1)	2(1)	1(1)	—	—	6
Behaviour Disorders with neurotic traits ... ..	10(2)	13(2)	30(14)	13(2)	14(4)	3	83
Behaviour Disorders with anti-social traits ... ..	—	—	5(2)	4	13(6)	7(2)	29
Behaviour Disorders with epilepsy... ..	1	1	—	—	—	1	3
2—Disorders of Adolescence, simple ... ..	—	—	—	—	2	—	2
Disorders of Adolescence, with neurotic traits ... ..	—	—	—	—	2	1	3
3—Neurotic illness (Neurosis) ... ..	—	3(1)	11(1)	15(1)	11(3)	4	44
Psychosomatic illness ... ..	—	1	2	—	—	—	3
Depression ... ..	1	—	1	—	1	—	3
Serious Disturbances of Personality Development ... ..	2(1)	1	2	2	4(1)	1	12
Psychosis ... ..	—	—	—	—	—	1	1
<b>B—Educational/Intellectual Difficulties:</b>							
Intelligence average and above:							
Retarded ... ..	3	3	12	13	3	—	34
Epileptic ... ..	—	—	—	1	—	1	2
Dull children (I.Q., 70—84) ... ..	1	—	9	13	3	—	26
Dull children + Epilepsy/serious physical handicap ... ..	1	—	2	—	—	1	4
Very dull children (I.Q., 55—69) ... ..	—	3	4	9	3	2	21
Very dull children, part-sighted ... ..	—	—	—	—	1	—	1
Very dull children (post-encephalitis) ... ..	—	1	—	—	—	—	1
Very dull children + serious behaviour difficulties ... ..	1	—	1	—	2	—	4
Educability in doubt (Epilepsy 2)... ..	2	4	6	1	2	2	17
<b>C—Ineducable Children:</b>							
Epilepsy ... ..	—	1	—	1	—	—	2
Spastic ... ..	—	—	1	—	—	1	2
Other ... ..	—	4	3	4	3	—	14
Total Number of Children ...	22	38	91	77	64	25	317



## E—STATISTICS OF ATTENDANCE.

In the following tables information is given in respect of:—

- 1—The number of INDIVIDUAL CHILDREN who were dealt with during 1957 and the workers concerned in their cases.
- 2—The numbers of ATTENDANCES AT CLINICS which were recorded for each worker.
- 3—The numbers of VISITS to homes, schools and other social agencies which were made by the Psychologists and the Psychiatric Social Workers.
- 4—The nature of the investigations carried out by the Psychologists.

**Note:** “Correspondence only” cases are not included in the tables. They come from “open” and also from otherwise “closed” files, are very numerous and, often, very time consuming.

### SUMMARY of Attendances and Visits.

	First	Further	Total
1—(a) Attendances at clinics ... ..	254	... 1929	... 2183
(as returnable to Regional Hospital Board—one attendance only can be registered, even if two or more workers are involved at a given interview).			
(b) Examination of children elsewhere ... ..	63	... —	... 63
(c) Attendances of Adults ... ..	12	... —	... 12
2— <b>Psychiatrists:—</b>			
Attendances of new referrals (first) ... ..	212	... —	...
<b>Psychiatrists and Child Therapist:—</b>			
Attendances for treatment and re-examinations	—	... 1024	... 1236
3— <b>Psychologists:—</b>			
Number of visits to schools ... ..		... ..	194
Number of visits to other social workers ... ..		... ..	16
Interviews with children ... ..	298	... 737	... 1036
4— <b>Psychiatric Social Workers:—</b>			
Number of visits to homes ... ..		... ..	444
Number of visits to other social workers ... ..		... ..	60
Interviews with Mothers, Fathers or Guardians	241	... 1363	... 1604

**Table 9.**

This table gives the numbers of individual children who were dealt with by one or more of the members of the clinic teams.

The figures refer to Psychiatrist and Registrar (1), Child Therapist (2), Psychologists (3) and Psychiatric Social Workers (4).

Clinic	First dealt with <b>during</b> 1957					First dealt with <b>before</b> 1957					Total
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Angl.	Caerns.	Denbs.	Flints.	Mer.	
<b>Bangor</b>											
1	1	—	—	—	—	—	1	—	—	—	2
3	1	53	—	—	—	5	5	—	—	—	64
4	1	2	—	—	—	1	6	—	—	—	10
1+3	—	3	—	—	—	1	—	—	—	—	4
1+4	2	—	—	—	—	3	9	—	—	—	14
2+4	—	—	—	—	—	—	—	—	—	—	—
3+4	1	1	—	—	—	—	—	—	—	—	2
1+3+4	19	24	—	—	—	5	4	—	—	—	52
1+2+3+4	—	—	—	—	—	—	—	—	—	—	—
<b>Blaenau Ffestiniog</b>											
1	—	—	—	—	—	—	—	—	—	—	—
3	—	1	—	—	2	—	—	—	—	6	9
4	—	—	—	—	—	—	—	—	—	1	1
1+3	—	—	—	—	3	—	—	—	—	—	3
1+4	—	—	—	—	—	—	—	—	—	6	6
2+4	—	—	—	—	—	—	—	—	—	—	—
3+4	—	1	—	—	—	—	—	—	—	1	2
1+3+4	—	5	—	—	7	—	—	—	—	1	13
1+2+3+4	—	—	—	—	—	—	—	—	—	—	—
<b>Colwyn</b>											
1	—	—	—	—	—	—	—	1	—	—	1
3	—	11	—	—	—	—	—	1	—	—	12
4	—	1	1	—	—	—	1	1	—	—	4
1+3	—	—	1	—	—	—	—	—	—	—	1
1+4	—	1	2	—	—	—	1	4	—	—	8
2+3+4	—	—	—	—	—	—	3	—	—	—	3
2+4	—	—	—	—	—	—	—	—	—	—	—
3+4	—	1	4	—	—	—	8	2	—	—	15
1+3+4	—	21	13	1	—	—	4	—	—	—	39
1+2+3+4	—	1	1	—	—	—	—	2	—	—	4
<b>Holyhead</b>											
1+4	—	—	—	—	—	1	—	—	—	—	1
1+3+4	4	—	—	—	—	—	—	—	—	—	4
3	3	—	—	—	—	2	—	—	—	—	5
3+4	7	—	—	—	—	6	—	—	—	—	13
<b>Rhyl</b>											
1	—	—	—	—	—	—	—	—	2	—	2
3	—	—	—	10	—	—	—	2	—	—	12
4	—	—	—	10	—	—	—	3	20	—	33
1+3	—	—	—	1	—	—	—	—	—	—	1
1+4	—	—	—	2	—	—	—	1	6	—	9
2+4	—	—	—	—	—	—	—	—	3	—	3
3+4	—	—	—	1	—	—	—	2	3	—	6
1+3+4	—	—	6	33	—	—	—	2	5	—	46
1+2+3+4	—	—	—	—	—	—	—	—	1	—	1
<b>Shotton</b>											
4	—	—	—	1	—	—	—	—	—	—	1
1+4	—	—	—	2	—	—	—	—	2	—	4
1+3+4	—	—	—	5	—	—	—	—	1	—	6
<b>Wrexham</b>											
1	—	—	—	1	—	—	—	1	—	—	2
3	—	—	—	—	—	—	—	4	—	—	4
4	—	—	4	—	—	—	—	25	6	—	35
1+3	—	—	—	—	—	—	—	1	—	—	1
1+4	—	—	4	—	—	—	—	8	1	—	13
2+4	—	—	—	—	—	—	—	1	—	—	1
3+4	—	—	3	2	2	—	—	3	2	—	12
1+3+4	—	—	36	13	—	—	—	5	1	—	55
1+2+3+4	—	—	1	1	—	—	—	—	—	—	2
Totals	39	126	76	83	14	24	42	69	53	15	541



Table 10.

Table 10 refers to work of the PSYCHIATRISTS and the CHILD THERAPIST:—

Clinic	Psychiatrists					Psychiatrists and Child Therapist					Number of Attendances		
	First attendances (Referrals)					Further attendances (Re-examinations, Treatments)					First	Further	Total
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Angl.	Caerns.	Denbs.	Flints.	Mer.			
<b>Bangor</b>													
Boy ... ..	13	18	—	—	—	93(8)	101(16)	—	—	—	31	194	
Girl ... ..	10	9	—	—	—	37(5)	51(13)	—	—	—	19	88	332
<b>Blaenau Ffestiniog</b>													
Boy ... ..	—	2	—	—	4	—	—	—	—	33(3)	6	33	
Girl ... ..	—	2	—	—	6	—	5(3)	—	—	22(6)	8	27	74
<b>Colwyn</b>													
Boy ... ..	—	17	13	1	—	—	88(10)	119(13)	2	—	31	209	
Girl ... ..	—	6	4	—	—	—	21(5)	6(4)	—	—	10	27	277
<b>Holyhead</b>													
Boy ... ..	2	—	—	—	—	2	—	—	—	—	2	2	
Girl ... ..	2	—	—	—	—	—	—	—	—	—	2	—	6
<b>Rhyl</b>													
Boy ... ..	—	—	4	23	—	—	—	2(2)	106(20)	—	27	108	
Girl ... ..	—	—	3	12	—	—	—	13(3)	32(12)	—	15	45	195
<b>Shotton</b>													
Boy ... ..	—	—	—	3	—	—	—	—	57(6)	—	3	57	
Girl ... ..	—	—	—	2	—	—	—	—	62(3)	—	2	62	124
<b>Wrexham</b>													
Boy ... ..	—	—	27	9	—	—	—	116(23)	28(5)	—	36	144	
Girl ... ..	—	—	14	6	—	—	—	24(8)	4(2)	—	20	28	228
All Clinics	27	54	65	56	10	132	266	280	291	55	212	1024	1236

**Notes.**—The table refers to children only. As a rule, one or both parents are also interviewed on at least one occasion.

The figures in brackets refer to numbers of individual children.

Three adult psychiatric patients were interviewed.

Tables 11a, b and c refer to work of the PSYCHOLOGISTS:—

**Table 11a.**

Clinic	First examinations					At Clinics					Number of Examinations		
						Further examinations							
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Angl.	Caerns.	Denbs.	Flints.	Mer.	First	Further	Total
<b>Bangor</b>													
Boy ... ..	14	49	—	—	—	31(6)	48(10)	—	—	—	63	79	195
Girl ... ..	8	31	—	—	—	9	5(3)	—	—	—	39	14	
<b>Blaenau Ffestiniog</b>													
Boy ... ..	—	3	—	—	5	—	—	—	—	1	8	1	23
Girl ... ..	—	2	—	—	7	—	—	—	—	5(2)	9	5	
<b>Colwyn</b>													
Boy ... ..	—	23	11	1	—	—	30(6)	49(4)	—	—	35	79	260
Girl ... ..	—	11	8	—	—	—	93(5)	34(2)	—	—	19	127	
<b>Holyhead</b>													
Boy ... ..	7	—	—	—	—	54(8)	—	—	—	—	7	54	262
Girl ... ..	4	—	—	—	—	197(9)	—	—	—	—	4	197	
<b>Rhyl</b>													
Boy ... ..	—	—	4	30	—	—	—	33(4)	64(10)	—	34	97	150
Girl ... ..	—	—	3	14	—	—	—	—	2(2)	—	17	2	
<b>Shotton</b>													
Boy ... ..	—	—	—	2	—	—	—	—	—	—	2	—	4
Girl ... ..	—	—	—	2	—	—	—	—	—	—	2	—	
<b>Wrexham</b>													
Boy ... ..	—	—	28	11	2	—	—	43(11)	38(4)	—	41	81	141
Girl ... ..	—	—	13	5	—	—	—	1	—	—	18	1	
Totals ...	33	119	67	65	14	291	176	160	104	6	298	737	1035

**Note.**—A further 9 adult psychiatric patients were examined at the request of doctors working in the Adult Psychiatric Services of the area (Intelligence tests 7, Rorschach personality tests 2).

**Table 11b.**

Not at Clinics.						
Visits	Angl.	Caerns.	Denbs.	Flints.	Mer.	Total
To Schools: Children discussed with teachers...	17	33	32	34	9	125
To Schools: Special testing of children ... ..	7	21	2	28	4	62
To Schools: Educational ... ..	2	—	2	2	1	7
To other Social Workers ... ..	—	—	—	1	—	1
To Officials of Authority re special testing... ..	10	—	—	5	—	15
Total number of visits ... ..						210

**Table 11c.**

Analysis of work carried out at Clinics	
Description	No. of children dealt with
Intelligence and Attainment Tests ... ..	301
Extended Testings ... ..	15
Rorschach Tests ... ..	10
Vocational Guidance ... ..	1
Remedial Teaching ... ..	16
Therapy ... ..	22



Tables 12a and b refer to work of the PSYCHIATRIC SOCIAL WORKERS:—

**Table 12a.**

Clinic	At Clinics										Number of Interviews		
	Interviews with Parents, Guardians, other Social Workers												
	First Interviews					Further Interviews							
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Angl.	Caerns.	Denbs.	Flints.	Mer.	First	Further	Total
<b>Bangor</b>													
Mothers...	18	18	—	—	—	110(13)	106(27)	—	—	—	36	216	278
Fathers ...	1	4	—	—	—	5	7	—	—	—	5	12	
Others ...	4	1	—	—	—	3	1	—	—	—	5	4	
<b>Blaenau Ffestiniog</b>													70
Mothers...	—	2	—	—	7	—	4(3)	—	—	27(7)	9	31	
Fathers ...	—	—	—	—	1	—	—	—	—	25(2)	1	25	
Others ...	—	2	—	—	—	—	1	—	—	1	2	2	
<b>Colwyn</b>													424
Mothers...	—	20	13	—	—	—	163(21)	188(19)	—	—	33	351	
Fathers ...	—	3	1	—	—	—	11(5)	9(6)	—	—	4	20	
Others ...	—	3	7	1	—	—	2	1	2	—	11	5	
<b>Holyhead</b>													197
Mothers...	7	—	—	—	—	183(15)	—	—	—	—	7	183	
Fathers ...	—	—	—	—	—	7(2)	—	—	—	—	—	7	
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	
<b>Rhyl</b>													235
Mothers...	—	—	6	35	—	—	—	19(7)	150(32)	—	41	169	
Fathers ...	—	—	1	8	—	—	—	1	9(7)	—	9	10	
Others ...	—	—	—	2	—	—	—	—	4	—	2	4	
<b>Shotton</b>													115
Mothers...	—	—	—	4	—	—	—	—	105(10)	—	4	105	
Fathers ...	—	—	—	—	—	—	—	—	2	—	—	2	
Others ...	—	—	—	1	—	—	—	—	3	—	1	3	
<b>Wrexham</b>													285
Mothers...	—	—	31	13	—	—	—	139(30)	53(8)	—	44	192	
Fathers ...	—	—	11	4	—	—	—	7(7)	8(4)	—	15	15	
Others ...	—	—	11	1	—	—	—	7(5)	—	—	12	7	
Totals ...	30	53	81	69	8	308	295	371	336	53	241	1363	1604

**Table 12b.**

Not at Clinics						
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Total
Home Visits ... ..	18	66	142	214	4	444
Visits to other Social Workers ... ..	—	2	42	16	—	60
Total number of visits ... ..						504

**F—CONCLUSION.**

Once again I wish to record my gratitude to my co-workers in the service for their constant efforts to maintain a high standard of clinical work and for their willing co-operation with me in the day to day work of the clinics.

At the clinics and elsewhere we are always greatly encouraged by the goodwill towards our work shown by medical specialists, general practitioners, and the personnel of medical, social and community services. I am glad to have this opportunity to express to them our sincere appreciation of their co-operation and help.

Our liaison with the Principal School Medical Officers has remained a very close one. Our work could not be carried out successfully without their constant assistance, and I am grateful for their ready help on many occasions.

Dr. J. H. O. Roberts has always been ready to discuss problems with me and to give me his advice and support. I am very conscious of my indebtedness to him.

To Mrs. Fisher, Chairman, and to the members of the Child Guidance Sub-Committee, I wish to express my thanks for the consideration they have shown me.

To you, Mr. Chairman, Ladies and Gentlemen, I would convey my sincere appreciation of your unfailing support and your very real interest in the Child Guidance Clinics.

Your obedient Servant,

E. SIMMONS,

June, 1958.

Consultant Child Psychiatrist.



## NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE.

## SUMMARY OF GROUP EXPENDITURE

### YEAR ENDED 31/3/58.

Approved Estimate	Head of Expenditure	Previous Year 1956-57	Actual 1957-58	% of Total
£	Salaries and Wages:	£	£ s. d.	
5316	Medical ... ..	3782	5077 4 4	.84
171636	Nursing ... ..	151552	178623 9 3	29.71
24561	Administrative and Clerical ... ..	20857	21531 2 0	3.58
133906	Other Staff ... ..	114529	135931 0 2	22.61
335419	<b>Total Salaries</b> ... ..	290720	341162 15 9	56.74
113770	Provisions ... ..	99475	114472 16 9	19.05
17600	Uniform and Clothing ... ..	15226	20215 1 2	3.34
10122	Drugs, Dressings, Medical and Surgical Appliances ... ..	10339	10883 9 8	1.82
41940	Fuel, Light, Power, Water and Laundry Maintenance of Buildings, Plant and Grounds ... ..	41071	47870 17 4	7.97
27309	*Domestic Repairs, Renewals and Replacements ... ..	27843	33647 8 9	5.59
28478	All other Expenses ... ..	19396	31035 14 4	5.16
65827		64205	71189 4 2	11.84
640465	<b>Total</b> ... ..	568275	670477 7 11	111.51
55835	<b>Less</b> Direct Credits ... ..	65385	69877 2 0	11.62
584630	<b>Net Hospital Maintenance Expenditure</b> ... ..	502890	600600 5 11	99.89
500	Central Administration ... ..	397	362 16 8	.06
500	Other Expenditure ... ..	329	311 16 10	.05
£585630	<b>Total Expenditure</b> of Hospital Management Comm.	£503616	601274 19 5	100.00

\***Note.**—In previous years this sub-head of expenditure included "Cleaning and Chandlery" items, but as from 1st April, 1957, these particular items have been included under a General Services heading which also incorporates Fuel, Light, Power, Laundry, etc.

For easier comparison last year's expenditure sub-heads have been adopted and both the approved estimate figure and the actual expenditure figure for 1957-58 correspondingly adjusted.







